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HEALTH AND WELLBEING BOARD

Meeting to be held in Swarthmore Education Centre, 2-7 Woodhouse Square, LS3 1AD on

Wednesday, 5th September, 2018 at 9.50 am

Please note: There will be a pre-meeting for Board members at 9.30 am

MEMBERSHIP

Councillors
R Charlwood (Chair) S Golton P Latty
L Mulherin
E Taylor

Representatives of Clinical Commissioning Group
Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Steve Walker – Director of Children and Families

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Heather Nelson - Black Health Initiative

Representative of Local Health Watch Organisation
Dr John Beal - Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Representative
Superintendent Sam Millar – West Yorkshire Police

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Agenda complied by: Helen Gray
Governance Services 0113 3788657

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			WELCOME AND INTRODUCTIONS	
2			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

4			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
5			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			**MINUTES** To approve the minutes of the previous Health and Wellbeing Board meeting held 14th June 2018 as a correct record. (Copy attached)	1 - 10

9			**PRIORITY 4 - HOUSING AND THE ENVIRONMENT ENABLES ALL PEOPLE OF LEEDS TO BE HEALTHY** To consider a report from the Director of Resources and Housing in support of discussions on the importance of greater collaboration on housing, the environment and health issues. (Report attached)	11 - 40
10			**DRAFT SAFER LEEDS COMMUNITY SAFETY STRATEGY (2018-2021)** To consider the joint report of the Director of Communities and Environment and the Chief Officer, Community Safety which presents the draft Safer Leeds Community Safety Strategy 2018-21 and provides an opportunity for the Board to provide views; help shape the Strategy and discuss ongoing strategic support around system changes and operation al response; where improving health and wellbeing outcomes are directly connected to community safety priorities.	41 - 68
11			**WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP UPDATE** To consider the joint report of the Chief Officer, Health Partnerships; and the Head of Regional Partnerships which provides an update on the progress of the Memorandum of Understanding.	69 - 74
12			**LEEDS SYSTEM RESILIENCE PLAN** To consider a report providing an overview of the Leeds Health and Care System approach to recovery, manage, sustain and transform the unplanned health and care system in Leeds.	75 - 112
13			**ARTS AND HEALTH AND WELLBEING** To consider a proposal to develop work on the Arts in Leeds, focusing on the potential for the Arts to contribute to improved health and wellbeing. (Report attached)	113 - 134

14			**FOR INFORMATION: CONNECTING THE WORK OF THE LEEDS HEALTH AND CARE PARTNERSHIP** To receive an overview of the work from the April Health and Wellbeing Board informal workshop and the July Health and Wellbeing Board To Board meeting. (Report attached)	135 - 144
15			**FOR INFORMATION: BCF QUARTER 1 2018/19 RETURN PERFORMANCE MONITORING** To note for information, receipt of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the BCF Performance Monitoring return for 2018/19 Quarter 1 which were previously submitted nationally following circulation to members for comment. (Report attached)	145 - 170
16			**FOR INFORMATION: LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING** To note, for information, receipt of the report of Leeds Health and Care Partnership Executive Group (PEG) providing an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report. (Copy attached)	171 - 180
17			**DATE AND TIME OF NEXT MEETING** To note the date and time of the next formal Board meeting as Wednesday 12th December 2018 at 11:30 am. (with a pre-meeting for Board members at 11:00 am)	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

THURSDAY, 14TH JUNE, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, P Latty and E Taylor

Representatives of Clinical Commissioning Group
Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Chris Dickinson – Children and Families

Representative of NHS (England)
Anthony Kealy - NHS England

Third Sector Representative
Heather Nelson - Black Health Initiative

Representative of Local Health Watch Organisation
Dr John Beal - Healthwatch Leeds

Representatives of NHS providers
Dr Phil Wood - Leeds Teaching Hospitals NHS Trust

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

1 Welcome and introductions

The Chair welcomed all present to the meeting and brief introductions were made. Noting the new Board membership, Councillor Charlwood thanked former Board members, Dr Jason Broch, Tanya Matilainen, Nigel Gray and Councillor Coupar for their work on the Board.

Additionally, the Chair welcomed the news that former Board member Councillor G Latty is the 2018/19 Lord Mayor had chosen St Gemma's Hospice as the Lord Mayors Charity for this year.

Councillor Charlwood welcomed new Board members Councillors P Latty and E Taylor and Dr J Beal to their first meeting, along with Jim Barwick and Dr Alistair Walling as new appointments made by the Board.

2 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

3 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

4 Late Items

No formal late items of business were added to the agenda, however the Board was in receipt of an additional appendix to Item 9 "Priority 2 – An Age Friendly City where people Age Well" which had been omitted in error from the agenda papers. (minute 9 refers)

5 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interest.

6 Apologies for Absence

Apologies for absence were received from Moira Dumma, Steve Walker, Sara Munro, Julian Hartley, Thea Stein and Supt. Sam Millar. The Board welcomed Chris Dickinson (LCC Children & Families) and Dr Phil Wood (LTHT) as substitutes.

7 Open Forum

Older People references - John Puntis, Leeds Keep Our NHS Public, welcomed the Age Friendly discussion but expressed his concern that the language used to describe older people in the media and publications suggesting that older people were the cause of the ill health of the NHS was factually incorrect. He sought support for further emphasis on the valuable contribution older people make and for this to be recognised throughout the media and relevant publications.

8 Minutes

RESOLVED – That, subject to an amendment to the attendance list to correctly refer to Hannah Howe, the minutes be agreed as a correct record.

9 Priority 2 - An Age Friendly City Where People Age Well

Lucy Jackson, Consultant in Public Health (Older People), introduced the report which focussed on Priority 2 of the Leeds Health and Wellbeing Strategy and highlighted the work streams and consultation undertaken with older people. It was reported that 31,000 older people lived in the most deprived areas of Leeds, and their priorities and needs were very different depending on where they lived. A focus for the Health and Wellbeing Board (HWB) would be to reflect the Strategy seeking to make the health of the most deprived improve the fastest.

The International Day of Older People would be celebrated on 1st October 2018 and members noted the request for them to sign up in support.

Joanne Volpe reported on the Memorandum of Understanding – part of a 5 year partnership between LCC, Leeds Older Peoples Forum and the Centre for Better Ageing. Of the seven key issues identified by the World Health Organisations, 3 priority areas had been identified by Leeds older people:

Community Transport – Consultation had identified that there were a number of providers which presented older people with a complicated contact process for booking journeys. A business case for funding had been submitted to Leeds Passenger Transport Improvement programme (LPTIP) seeking to implement a pilot scheme to bring all the providers under one telephone number contact point to better connect service users with multiple providers. The Board was assured that the scheme would not replace existing provision and were asked to consider how members could support this.

The Board noted that Leeds Teaching Hospital Trust (LTHT) was undertaking a review of patient transport which could link to the initiative, and noted comments seeking assurance that the pilot scheme would take account of local needs. Comments identified that although St James's and Leeds General Infirmary provided shuttle buses for staff between the two sites, patients had to use public transport; community transport provision buses had limited space for wheelchair users; and the new contact number should not have multiple choice questions.

Community Contributions – Statistics showed that the uptake of volunteering was lower in areas of deprivation. The Board was asked to consider how it could encourage informal volunteering and how the findings could inform the evolving Local Care Partnerships.

Comments reiterated that the involvement of the Third Sector was at the core of the Local Care Partnerships, but identified that it would be useful for the Board to receive a breakdown of the data to identify those areas where Board support could bring added value. Discussion considered the process for volunteers to get involved; the role of Leeds Carers Association; local faith communities and the involvement of younger and older people.

Housing Strategy – The key issue raised was that most older people preferred to remain in their own home for as long as possible; and sought to ensure that older people knew the options available for them and where to access information/support to remain at home.

Discussion identified the need to respond to older peoples' housing needs in the local Development Plan documents for Leeds, to encourage development of a mix of suitable homes, including bungalows, with a higher volume of affordable, accessible homes and an adequate private-rented sector. The Board noted comments that developers did not regard this provision as commercial, however wider discussions on how the population will age and how support for older people's independence is provided could draw them into the ambition. There is a need to consider the wider design of communities – thinking beyond the dwelling to the neighbourhood – when planning for later life. Future work must consider the wider aspects of wellbeing. The Board noted the intention to provide approximately 1000 extra care homes/units during the next 2 years and considered whether it would be appropriate for a housing representative to join the Board.

The Board additionally identified that the Age Friendly Charter:

- provided an opportunity to focus attention and raise issues over how the Board aims to achieve Age Friendly Leeds;
- promotes inter-generational work, ensuring older people are aware of their responsibilities as well as young people acknowledging their future responsibilities;
- challenges stigma.

Come in and Rest Campaign – Led by Time To Shine, which sought to encourage older and socially isolated people to come into town - through the provision of "rest-stops" for older people to take short breaks - 117 businesses and organisations had signed up to the initiative. Further information on other use-able buildings for the initiative from members would be welcomed. Dr Walling suggested that this be promoted in every GP practice in Leeds and Jim Barwick offered to help publicise the campaign in GP surgeries and it was suggested that the LCC Community Committees could also publicise the initiative.

Measuring achievement – Monitoring of the Age Friendly pledges would allow measurement of achievements, and seek to ensure that signatories understood their commitment to the Charter and acted upon it.

Digital Literacy – The Age Friendly documents should reference the importance of digital literacy for older people for them to connect with services, commissioning and education, particularly the move to Person Held Records

RESOLVED -

a) To recognise the impact of the Age Friendly programme of work as detailed in the Annual Report.
b) To recognise that the Age Friendly programme of work is a good example of cross council and partnership working to maximise impact and outcomes for the citizens of Leeds.
c) To consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support 'Leeds Left Shift' ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
d) To consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.
e) To consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

10 Leeds Commitment to Carers

Val Hewison, Chief Executive of Carers Leeds, introduced the report which detailed the variety of activity that has taken place since the HWB endorsed the Leeds Commitment to Carers campaign in February 2017.

Key milestones included:

- The campaign now had 45 pledges from businesses and organisations across the city;
- The Leeds CCG provided funding for a participation worker to be employed by Carers Leeds;
- Understanding that the average age of a career in Leeds is between 35 and 55 years old, which dispels the myth that carers tend to be elderly, and presents an argument to further consider the financial impact on carers of working age;
- The Carers Action Plan 2018-20 was recently published by the Department of Health and Social Care, which details 64 actions across 5 priorities;

The Chair queried how Carers are identified and was informed that schools and GPs are currently the main source of referrals. The Chair reinforced the Board's support to Leeds Carers' week which was currently taking place, and informed members of the intention to take a report to Leeds City Council's Executive Board on 27th June 2018 to seek further support for unpaid carers in Leeds and the crucial role they play in sustaining health and social care in the city.

RESOLVED –

a) To note the progress to date that has been made by the Leeds Carers Partnership;
b) To note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships;
c) To note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.
d) To encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

11 Update on the Leeds Cancer Programme

The Board considered the report of the Leeds Integrated Cancer Services Programme Board, presented by Professor Sean Duffy and Doctor Sara Forbes.

Following the launch of the National Cancer Taskforce Strategy in 2015, the cancer system across Leeds signed up to working as an integrated system to deliver change. The report shared progress to date in response to the local and national challenges set; public and patient engagement and work programme updates. The key priorities were highlighted as:

- Prevention and awareness
- Early diagnosis
- Living beyond cancer
- Provision of a high quality modern service

Additionally, support was sought to explore the opportunity to develop cancer aware communities aligned with the emerging primary care delivery models through Local Care Partnerships. The Board's discussions covered the following matters:

- The correlation between diagnosis and areas of deprivation, and how the use of statistical information will inform use of resources
- The impact of new developments in medication and treatment on future treatment sites
- The role of pharmacists and dentists in early diagnosis
- Community engagement, noting that some community uptake was low, with language perhaps being a barrier to access.

Members identified the following actions proposed to take forward work to support the Strategy:

- Presentation of the Strategy to LCC Community Committees to further engage and inform residents, particularly in areas of deprivation where there was a correlation with diagnosis
- Links to the elective prescribing system being developed by LTHT which could identify risky behaviours
- Links and contact details for local communities to be provided for future engagement work

RESOLVED –

a) To note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
b) To note the contents of the discussions which may inform the development of a vision for cancer aware communities
c) To support engagement with communities and constituents

12 UNICEF UK Baby Friendly Initiative in Leeds

Sally Goodwin-Mills, Advanced Health Improvement Specialist (LCC), introduced the report highlighting the progress of work in relation to the UNICEF Baby Friendly Initiative (BFI) and how it supports the Health and Wellbeing Strategy 2016-21. Members were provided with a presentation outlining the long term benefits of breast feeding both for mother and baby, and the role breast feeding has in ensuring that every child has the 'best start' in life:

- Leeds breastfeeding rates were just below the national average,
- In Leeds 50% of mothers who breastfeed, continue to do so past 6 months
- The baby friendly initiative also provided advice and support for safe bottle feeding
- One of the aims of the presentation was to make the Board aware of the International Code of Marketing of Breastmilk substitutes, which regulates the marketing of breast-feeding substitutes and to highlight that the UK law is significantly weaker than the Code

In conclusion, the Board noted that as part of the UNICEF global programme, all Leeds Teaching Hospital Trust staff had received relevant training and joint work between Public Health and Health Visiting had been undertaken towards the BFI Gold Award.

The Chair commented on the importance of making space available for breast-feeding and noted there were a number of factors which prevented new mothers continuing to breast-feed once they were at home with baby.

Wider discussions should consider the support structure at home, the rest of new baby's family and what Board members and LCC could do to support the family.

RESOLVED -

a) To retain an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
b) Noted the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate.
c) Considered and noted the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests.
d) To take opportunities to promote a positive breastfeeding culture, to normalise and support city centre venues, public transport, and workplace.
e) To be aware of challenges and opportunities and communicate these to the BFI Guardian.

13 Annual Report of the Director of Public Health

Dr Ian Cameron presented his report – the Annual Report of the Director of Public Health – highlighting the key issues for Leeds as being infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths and specifically in older heroin users, male suicides and self-harm by young women.

Dr Cameron also sought to ensure that the work of the Leeds Health and Wellbeing Board fed into the 12 Big Ideas contained in Leeds Inclusive Growth Strategy. In respect of specific statistics and issues contained in the Annual Report, the Board considered the following:

Chronic Vascular Disease (CVD) – In response to a query over what was being done to address CVD as the statistics showed Leeds to record a quarter more incidences than the national average, Dr Cameron provided assurance that Leeds had made improvements during the last 10 years, the gap had narrowed between the most deprived and the most well-off leading to some health improvements

Dental health and tooth decay – Dr Cameron reported that an Oral Health Strategy had been presented to Scrutiny Board (Adults, Health and Active Lifestyles), with work planned to review and compare Leeds results with other authorities – the findings to be reported to the Chair in the first instance with a view to reporting to the Board in the future

Cancer statistics – The lack of improvement in cancer was noted, along with the report that as national definitions were changing, it was not yet possible to undertake comparative work with other authorities

Suicide rates – It was noted that some initiatives were being undertaken, but their success on a local level had yet to be measured. Every suicide where the person was known to service providers triggered an investigation;

however, the numbers involved were too low to undertake a meaningful assessment of whether enough was being done to support those prior to taking their own lives. The Board also noted comments that there were lots of factors to each individual suicide. Looking ahead to the proposed July 2019 workshop (Held jointly with the Health and Wellbeing Board and the Children and Families Trust Board), consideration of the effect of parental suicide, parental health and choices on the children of the family was noted as a theme for discussion.

The Board also noted that the report sought support from members and partners to further reflect on gender differences in health within the services and monitoring arrangements provided by their individual organisations, having regard to the findings of the Annual Report.

RESOLVED –

a) To note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men; and self-harm by young women.
b) To request that Public Health consider the findings of the Public Health England national review into life expectancy and report back to the Board on any implications for Leeds.
c) To seek to ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
d) To consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
e) To consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

14 West Yorkshire and Harrogate Health and Care Partnership Update

The Board considered the report of the Head of Regional Health Partnerships, Health Partnerships Team providing an update on the West Yorkshire and Harrogate Health and Care Partnership (WY+H HCP). The report noted that on 25th May 2018, NHS England and NHS Improvement jointly announced that WY+H HCP would be one of 4 areas to be part of the Integrated Care System (ICS) Development Programme and outlined some of the information about being part of the ICS in Development Programme.

Rachael Loftus presented the report, highlighting the intention for ICS to both improve outcomes and peoples experience of the care they receive. Additionally, development of the ICS will focus on:

- Sharing great practice from across the whole system – ensuring that we all benefit from the successful learning and innovation from our near neighbours
- Having a close eye on where there is variation in outcomes across different areas and taking action accordingly, as a system
- Analysing where further investment will significantly increase the pace of change.

Discussions identified the following issues:

- That this approach is about improving the outcomes and service offer for citizens and our communities
- One of the central principles of the partnership is to work locally wherever possible, and determine when we need a critical mass to work at a larger geographical scale
- A more in depth paper and conversation will be coming back to the September Board
- WY+H HCP is recognised as a partnership with strong local government, elected Member and Third Sector representation – this is part of what is allowing us to have the conversations and ability to shape the national agenda locally
- The vision of improving the health of the poorest the fastest is a vital part of the work of this Board; it is nationally recognised and has heavily influenced the approach at West Yorkshire and Harrogate level.

RESOLVED –

a) To note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development
b) To note the intention to provide a further report to the next meeting

15 For Information: iBCF (Spring Budget) Q4 2017/18 Return and BCF Performance Monitoring Q4 2017/18 Return

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 4 returns.

RESOLVED -

a) To note the contents of the Leeds iBCF Quarter 4 2017/18 return to the Ministry for Housing, Communities and Local Government and;
b) To note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHS England.

16 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a report from Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED – To note the 2017/18 end of year position and the 2018/19 financial plans.

17 For Information: NHS Leeds Clinical Commissioning Groups Partnership Annual Reports 2017-2018

The Board received an extract from the final NHS Leeds CCG Annual Report 2017-2018 entitles “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”, for information.

A final draft of the report had been shared with Members for comment prior to its submission to NHS England by 20th April 2018. The report provided assurance that all arrangements agreed at the HWBB meeting on 19th February 2018 had been actioned.

RESOLVED – To note the extract from the final NHS Leeds CCG Annual Report 20178-2018 “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”

18 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next formal Board meeting as 5th September 2018 at 10.00 am (with a pre-meeting for Board members at 9.30 am)

Leeds Health and Wellbeing Board

Authors: Mandy Sawyer, Liz Bailey, Jenny Fisher and Anna Clifford, Holly Dannhauser

Report of: Director of Resources and Housing, Leeds City Council

Report to: Leeds Health and Wellbeing Board

Date: 5 September 2018

Subject: Priority 4 – Housing and the environment enable all people of Leeds to be healthy

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The Leeds Health and Wellbeing Board (HWB) provides strategic, place-based direction for improving health and wellbeing; integrating health and care, reducing health inequalities and tackling wider determinants. As part of its 2017/18 annual review process, the HWB identified an opportunity to strengthen its focus on priority 4 of the Leeds Health and Wellbeing Strategy – housing and the environment enables all people of Leeds to be healthy. This paper has been drafted in response and prompts a discussion on the best ways to seek further integration between housing and health partners in Leeds.

Given the cross cutting nature of this priority, this paper has been a collaborative effort between Housing, Public Health, Planning and Design and Adult Social Care. Nonetheless, it does not cover all housing and health related issues, but must be seen as part of a continuing conversation. The paper reveals the challenge in integrating the differing perspectives on health, and states the case for improving collaboration and joint working by providing evidence across four areas: existing housing, vulnerable groups, new housing, and designing healthy spaces.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss, identify and agree ways to further integration between housing, environment and health partners at both strategic and operational levels
- Identify priority areas for future consideration and collaboration on housing issues which have an impact on health
- Agree to use local, regional and national best practice to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways
- To help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy
- Note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date

1 Purpose of this report

1.1 To address priority 4 of the Leeds Health and Wellbeing Strategy – housing and the environment enables all people of Leeds to be healthy – outlining some of the key housing issues which impact on health, highlighting what we have done already to respond to these issues and what else is planned.

1.2 To provide an overview of how health interventions can improve positive housing outcomes.

1.3 To encourage discussion on how opportunities for greater future collaboration between housing and health organisations can be maximised in Leeds in the future.

1.4 To provide an overview of the work being carried out by the Planning and Design for Health and Wellbeing Group and encourage discussion as to how it can influence other relevant work streams and move forward.

1.5 To highlight current initiatives that can inform and support integrated working around housing, environment and health.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy 2016-2021 has a clear vision that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Priority 4 is that housing and the environment enable all people in Leeds to be healthy. To achieve this aim there are many actions taking place across all health and care partners.

2.2 'Housing and the environment' is a wide and varied topic and it should be noted that the HWB has already received some updates relating to this agenda in previous meetings and will continue to do so in future meetings at the request of HWB members and as part of the Board's ongoing work plan.

2.3 It is well known that there are strong links between housing and health. The Marmot Review into health inequalities, published in 2010, concluded that housing is a 'social determinant of health'. The Building Research Establishment (BRE)'s briefing paper, 'The cost of poor housing to the NHS', in 2015 calculated that poor housing costs the NHS at least £600m per year.

2.4 In the medium to long term, the decisions made today around new housing development can positively impact on population health and reduce health inequalities in the future. As well as joining up health, health improvement services and infrastructure efficiently, health and wellbeing can be prioritised in the design of new housing development. This gives children the best start in life, supports healthier adulthood, enables active and independent ageing as well as taking account of the needs of particularly vulnerable groups to enable a healthier life for all.

2.5 The Leeds Housing Strategy 2016-2021 has 6 key themes – affordable housing growth, improving housing quality, promoting independent living, creating sustainable communities, improving health through housing and meeting the needs of older people. The dedicated improving health through housing theme focuses particularly on improved lifestyle, tackling fuel poverty and ensuring

suitable housing for residents with mental health problems, drugs and alcohol problems, but all themes have a health and/or health inequalities dimension.

2.6 Ensuring the availability of enough housing of the right quality, accessibility and affordability in Leeds is becoming ever more challenging, due to housing price inflation, central government policy (e.g. an inability for Councils to borrow to build) and other economic factors. Leeds has identified the need to build 1158 new affordable homes per year which is currently not being met. Leeds City Council receives on average 122 bids per available property from people on the Leeds Homes Register, seeking rehousing into Council or housing association homes. Insufficient supply of high quality, accessible and affordable housing is known to impact on health.

2.7 The nature of housing tenure is changing, both nationally and in Leeds. The private rented sector has almost doubled in the last 16 years, from 10.2% of homes in 2001 to 19.9% in 2017. The affordable sector (made up of Council housing, Housing Association and affordable home ownership schemes) has reduced over the same period from 25.6% to 22.5%. Homes in the private rented sector tend to be older, less energy efficient and have more serious (Category 1) hazards as assessed using the Housing, Health and Safety Rating System (HHSRS). The rise of this sector presents a number of challenges to health. Whilst a high proportion of privately rented have identifiable problems, the owner occupied sector contains the greatest number of Category 1 hazards.

2.8 There are a number of groups of people where housing and health issues are particularly prevalent, which requires a co-ordinated approach between housing and support organisations and health services to maximise prevention and early intervention. These are:

- Older and disabled people
- Homeless people
- People with mental health problems
- Migrants
- Gypsies and Travellers
- Children and Young People

3 Main issues

3.1. Context and opportunities

3.1.1. The link between housing and health is well documented, and further evidence related to just four areas is included later in this report. For our populations to realise the best possible health outcomes, it is important to understand the relationship between where people live and their health and wellbeing, but also having the skills and knowledge to identify and access solutions.

3.1.2. Over recent years a number of reports have been produced and initiatives developed which support the need for closer working between health and housing organisations. This is both at a strategic level when developing local policy, commissioning homes and services, and at a more operational level to ensure that the workforce across sectors understand the impacts of housing on health and are able to identify suitable solutions.

3.1.3. A feature of best practice and recommended guidance is an increased focus on prevention and early intervention, especially when planning and implementing the

integration and transformation of services. This aligns with the ambition of our Leeds Health and Care Plan, which aims to achieve the 'Leeds Left Shift' towards a stronger emphasis on prevention and self-care, working in and with local communities.

Locally

3.1.1. In Leeds, the Local Care Partnerships (LCPs) model is strongly rooted within the Leeds Health and Wellbeing Strategy 2016-21. LCPs are currently being established in Leeds, which will see a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the needs of the identified population. Each LCP includes statutory, third sector (community) organisations and elected members, alongside local people, to develop services that support people to self-care and thrive using their individual and community assets. Housing's connection into the LCPs is a critical one, to ensure a holistic approach where a resident's housing need is considered alongside their health and care needs.

3.1.2. There is a significant opportunity for Housing Leeds to work more closely with health organisations to ensure that there is a combined health and housing approach to a wide range of Leeds residents. Housing Leeds has extensive contact with large numbers of residents living across all housing sectors in Leeds and with diverse health and support needs. The service:

- Manages 55k Council homes across the city, including 4.2k sheltered housing tenants. This includes providing tenancy management and support, and repairs and investment to homes.
- Management of the Leeds Housing Options service, which supports with 12k residents threatened by homelessness each year.
- Delivers approximately 2k adaptation schemes each year across all housing sectors.
- Regulation of private rented sector homes inspecting 2.5k of 60k private rented homes each year.
- Acts as the Strategic Housing Authority working with private rented sector landlords, housing associations and voluntary organisations to maximise the wider sectors' support for the city's housing strategy priorities and wider city priorities.

Regionally

3.1.3. There is much to learn from the best practice that exists regionally. The West Yorkshire and Harrogate Health and Care Partnership recognised the important connection between health and housing at the System Leadership Executive Group in June 2018. It highlighted some of the ways that health and housing partners can work more closely in West Yorkshire and Harrogate, and the importance of the housing sector's future integration with health.

3.1.4. The meeting also outlined the exemplar partnership working between Wakefield CCG and Wakefield Homes, led by the Wakefield Housing, Health and Social Care Partnership, creating a seconded post across the two organisations to maximise the connectivity and visibility of housing amongst health colleagues.

3.1.5. The Vanguard work in Wakefield is another example of where Housing and the third sector worked together in Extra Care schemes to ensure older people access

social activities which prevented a decline in health and reduced the need for services.

3.1.6. Opportunities being developed at regional level are built on a growing understanding of the housing potential in the health and care system and as a key enabler in delivering new models of care for the future. Participating in this dialogue and information exchange will inform better strategic decision making across health, social care and housing sectors for our citizens now and for future generations.

Nationally

3.1.1. On a national level, the NHS England Healthy Towns initiative aims to shape the health of communities, and to rethink how health and care services can be delivered. The programme offers an excellent opportunity to unite public health, NHS providers and commissioners, planning and housing development to plan and build healthier places. Learning from this model can help us join up health, health improvement services and infrastructure efficiently through LCPs and maximise health and wellbeing in the design of new housing development for the future.

3.1.2. In February 2018, a National Memorandum of Understanding (MoU) – attached as appendix I – renewed the commitment of over 25 stakeholders to joint action across government, health, social care and housing sectors to improving health through the home. There is an opportunity for the HWB to implement the recommendations made within the MoU.

3.1.3. There has also been a growing movement to support a reunion of Health and Planning, including a greater emphasis on health and wellbeing in the new National Planning Policy Framework, the Raynsford Review of planning, and in the draft London Plan. Transport for London's Healthy Streets sets out an approach for place making which 'aims to reduce traffic, pollution and noise, create more attractive, accessible and people-friendly streets where everybody can enjoy spending time and being physically active'.

Suggested Priority Areas for Collaboration

3.1.4. It is clear there are a number of opportunities for greater future collaboration between housing and health organisations, which can be maximised in Leeds. The following outlines a number of suggested priority areas for future collaboration. This list is not exhaustive and the HWB is invited to explore further opportunities:

- The development of a fast track adaptations service for end of life care
- Health impact studies to inform Leeds City Council's capital investment in its council stock
- A joint city lobby on improvements to standards within, and regulation of, the private rented sector
- A joint strategy on a range of future provisions for an ageing population
- Health impact studies to inform future urban design

3.2. Presenting the case for change

3.2.1. The following section of the report outlines four areas where housing impacts on health and how health interventions can produce improved housing outcomes,

highlighting what we have done already to respond to these issues, what else is planned and opportunities for the future.

EXISTING HOMES	
Social rented sector	• In 2000, central government introduced the requirement for all social housing to meet the Decent Homes Standard by 2010. This programme saw huge investment into social housing and a significant improvement in the quality of these homes. By 2010, 95% of Council housing in Leeds met the Decent Homes Standard. • Although positive, the Decent Homes Standard did not set targets that were particularly challenging around increasing the energy efficiency of social housing stock. A theme of the Council's current Asset Management Strategy is therefore to reduce fuel poverty through its investment programmes, cutting carbon and improving health. • Leeds City Council has plans in place to deliver £80m investment each year 2015-24, which will drive continuous improvements in Council housing quality. Current investment programmes include insulation and heating works to improve the energy efficiency of homes, particularly the hardest properties to treat. • As part of this, work has started on the delivery of a district heating network, delivering affordable heat from the Recycling and Energy Recovery Facility at Cross Green. This will supply 30 high-rise blocks in Burmantofts and Richmond Hill, with further work planned for an additional 26 high-rise blocks across Leeds.
EXISTING HOMES	

Private rented sector	• The private rented sector has worse housing conditions than any other sector. 5% of private rented home in England have excess cold, 9% are affected by damp and 10% have fall hazards. Insecurity of tenure and frequent moves can worsen mental health and are bad for children's social, emotional and educational outcomes.
	• In Leeds, the Council's Private Rented Team carries out regulation of the private rented sector – inspecting and taking enforcement action against landlords. In 2017/18, this action included the inspection / visits to almost 2500 properties, with over 1500 hazards being removed or reduced and over 3500 people benefiting from these interventions.
	• To support this, Leeds has also adopted a number of proactive initiatives to improve housing conditions in the sector, including:
	  ◦ Leeds Neighbourhood Approach – targeted approach for small geographical areas through a multi-agency approach, working with landlords to improve property standards and support tenants' health and wellbeing.
	  ◦ Leeds Rental Standard – over 380 private landlords are now members of the Standard, which sets a minimum standard of housing.
	  ◦ Private Rented Sector Forum / Conference – a programme of regular communication with landlords to raise awareness of housing quality and residents' support needs.
	• LCC is currently consulting with private landlords and members of the public about a business case to potentially introduce selective licencing schemes in the Harehills and Beeston Hill areas of Leeds. Selective Licencing requires private landlords operating within these areas to obtain a licence to operate as a landlord. The overall aim of the approach is to drive up housing standards in these areas and ensure that minimum standards are met in the management of tenancies. If approved, the licence fee will fund additional officers to deliver the scheme.
	• Traditionally, the law on housing quality in the private rented sector has been somewhat limited; to date it has mainly focused on hazards to health and safety, with energy efficiency standards set very low and difficult to enforce. In recent years the Government has sought to introduce additional powers to allow better regulation of the sector, including the Housing and Planning Act and an Extension to Mandatory HMO licensing. Further consultation is also underway to consider additional regulation and support to tenants.

VULNERABLE GROUPS	

Older people	• As outlined at the June 2018 Health and Wellbeing Board, one of the themes of the Leeds Housing Strategy is to ensure that we are meeting the housing needs of older residents. There are 4 priorities identified within the strategy:
	  • Supporting independence and promoting social inclusion;
	  • Ensuring accurate information and advice is available to help older people make informed decisions about how their housing needs are met;
	  • Developing more specialist housing with support, including extra care housing and;
	  • Developing new homes which are designed flexibly to meet the changing needs of older people.
	• As part of the Better Lives Programme, a detailed demand analysis has been carried out to identify the quantity, type and demand for specialist accommodation for older people; this identified a need to construct 1100 units of Extra Care to meet projected demand over the next 10 years.
	• LCC is working closely with providers to stimulate the development of extra care schemes across the city. A major procurement is underway to develop 240 extra care units on Council owned sites via experienced extra care providers, planned for delivery in 2021. In addition, the Council is investing £30m in the development of a further 180 extra care units. The Council's first extra care scheme in Yeadon, opened in November 2016.
	• Several cohort studies have been undertaken to assess the efficacy of the Extra care model in promoting health, enhancing wellbeing and enabling people to live longer and more fulfilled lives. There is a significant opportunity to engage with public health and establish extra care as part of the preventative toolkit which includes intermediate care and re-ablement, which in turn could help reduce pressure on health and social care budgets by reducing admission to acute hospital beds and residential care.
	• Housing Leeds also manages 4200 units of sheltered Council homes in Leeds across 125 sheltered schemes, with regular contact available to residents via Support Officers to help support independence. Following a review of the sheltered support service during 2017/18 an improved support offer is currently being implemented in schemes, with a greater staff presence on some schemes, an increased focus on providing a range of wellbeing activities in schemes to support social inclusion and maximize health and wellbeing and rebranding of the service as retirement living. There is a significant health connection into sheltered housing schemes, with opportunities to develop stronger connections between Housing's support staff and health workers at an operational level.

VULNERABLE GROUPS	
Disabled people	• A Disabled Facilities Grant (DFG) is a mandatory means-tested grant that covers the cost of major housing adaptations that enable a disabled person to continue to live independently in their own home. Disabled people who are home-owners, private or housing association tenants can apply for a DFG. The DFG budget is principally funded through government allocation (£6.767m in 2018/19) and supplemented by a Council contribution (£1.069m) and contributions from means-tested applicants and housing associations (£350k). Council tenants have the cost of adaptations covered through the Housing Revenue Account and the budget for 2018/19 is £5.5m. • The assessment of housing adaptations is quite a standard process with the same two-stage test made for all cases and the same targets set for all adaptation schemes. Discussions have taken place within Housing Leeds about adopting a more bespoke service offer. Consideration is also to be given on how proactive the service is for people who are receiving palliative care, are in hospital and want to return home. We need to ensure that we are putting in place accessibility measures that are swiftly promoting people's wish to return home. • It may well not be possible to adapt a disabled person's current home and Housing Leeds has a specialist medical re-housing team that carries out housing need assessments to determine the level of council re-housing priority that should be awarded alongside a recommendation for the type of accessible home and adaptations that are required. The priority award will reflect the acuteness of the accessibility need and that it is not feasible to adapt the person's current home. Re-housing priority may also be made when a disabled person cannot be discharged from hospital because their home is not accessible and it is not feasible to adapt. Housing Leeds may also award re-housing priority when a disabled person decides to move to already adapted council housing as an alternative to adapting their current home. • A forum has being set up (PAN Leeds) with includes Occupational Therapists (OTs) across all the care sectors, where, following a home visit from any OT, they will be able to make recommendations directly into Health and Housing for adaptations in the 3 areas, which are bathing, straight stair lifts and basis ramps. This initiative could potentially save valuable time, and reduce the doubling up of assessments. We expect that this would be particularly useful in the area of delayed discharges from hospital wards, and we are expecting to have a procedure in place which we can pilot by early 2019.

VULNERABLE GROUPS	
Children and young people	• The decline in children's physical fitness over the last few decades is well documented. Between 1975 and 2000, the percentage of overweight children in England increased from less than 10% to over 20% (Government Office for Science, 2007). Obesity is currently doubling during the primary school years, with 20% of children diagnosed as obese when they leave (HSCIC, 2015). • There are many studies showing that children's play and independent access to the outdoors in their neighbourhood is beneficial to their physical, social and mental development. In 2010, only 25% of English primary school children were allowed to travel home from school alone, compared with 86% in 1971 (Shaw, et al., 2013). 71% of adults played out in the street or neighbourhood as children, compared to only 21% of children today (Lacey, 2007). • During the last 50 years, the number of cars in the UK has almost doubled from 19 million in 1971 (RAC, 2008) to 36 million in 2015 (DfT, 2015), and the danger of traffic is most often cited as the reason why children's independent outdoor activity has decreased so dramatically. Volume and speed of traffic both impact negatively on community street life, although deaths and serious injury have significantly reduced.

VULNERABLE GROUPS	
Homeless people	• The 2017 Homelessness Reduction Act (which came into force on 3 April 2018) places a duty on each local authority to develop a personal housing plan for each eligible homeless person setting out how the authority would assist to either prevent or relieve a person's homelessness. The prevention duty applies when a person is threatened with losing their accommodation and the desired outcome is to enable a person to continue living in this housing option. The relief duty applies when a person has lost their home and the desired outcome is to assist them to secure alternative accommodation. Both the prevention and relief duties, if the required outcome is not secured, are in place for 56 days. If prevention/relief outcomes are not achieved then the long-standing legal duty to secure temporary accommodation, pending longer-term re-housing, is activated if the applicant is eligible, unintentionally homeless and in priority need. Interim accommodation, pending the relief duty being applied, will be secured if the applicant is homeless and believed to be in priority need. • As part of the act public bodies, including health authorities, will have a duty to refer an individual who is or threatened with homelessness to the local housing authority from 1 October 2018. This will include accident and emergency services provided in hospital, urgent treatment centres and in-patient services provided in hospital. Leeds Housing Options Service is currently developing operational procedures for managing referrals through the duty to refer and will be publicising these with public bodies before October. • The majority of rough sleepers have complex support needs with mental ill-health and addiction being reasons why people start/remain/return to rough sleeping rather than access to housing options. • In 2017, 28 rough sleepers were identified in Leeds based on the annual headcount. This is significantly lower in comparison to other major cities such as Manchester and Birmingham respectively. • The government has recently allocated Leeds additional funding for 2018/19 (£352k) to facilitate a significant reduction in rough sleeping. The funding is being partly used to fund a specialist mental health social worker and mental health nurse. They will work alongside the street outreach team providing initial mental health care and helping people access mainstream services thereafter. The funding is also being used to fund an additional addiction support worker, through Forward Leeds, to again bring addiction support to people on the street. The Council is forging a working relationship with Bevan Health Care, service commissioned by the CCG to deliver primary health care to homeless people, and we are looking at options for promoting the availability of street medicine. The first step is the introduction of a medical bus service that will be stationed in different locations in the city centre to bring health care closer to homeless people. • The social worker/nurse post will be part of a wider Street Support Service, led by Safer Leeds, that will be made up of housing officers, third sector workers, anti-social behaviour and police officers that will work together to deliver a holistic/targeted service to help people come of the street. The new service will hopefully start working in early September. • The government published its national strategy to end rough sleeping by 2027. It is framed around preventing rough sleeping, rapid intervention to get people off the street when they do sleep rough and promoting recovery to stop people returning to the street when are re-housed. The national strategy recognises the significant link between health and rough sleeping and the Government has asked the NHS to commit £30m of funding to improve health related interventions and outcomes for rough sleepers.

VULNERABLE GROUPS	
Gypsies and Travellers	• As noted at the April 2018 Health and Wellbeing Board workshop (themed around priority 3 – strong, engaged and well-connected communities), the Gypsy and Traveller population has one of the highest levels of inequality in the city. They are a small but significant group of people who experience poorer health outcomes, especially higher rates of infant mortality and young men committing suicide. Average life expectancy is approximately 50 years of age, compared to the average Leeds population of around 78 years (NHS Leeds CCG, 2018). • Frequent evictions from unauthorised sites leads to high levels of anxiety caused by displacement and sometimes separation from their extended family groups. Travellers who have moved into houses can also experience high levels of depression linked to loss of their traditional lifestyle (van Cleemput 2007, Journal of Epidemiology & Community Health). • English Romany Gypsies and Irish Travellers are protected by the 2010 Equality Act and the Public Sector Equality Duty Housing Act 2004 requires local authorities to assess the accommodation needs of Gypsies and Travellers and Travelling Show people as part of their housing needs assessments. • A 41 pitch permanent Gypsy Traveller site at Cottingley Springs West Leeds, accommodates both English Gypsies and Irish Travellers. B site was substantially refurbished in 2002 and the Disabled Facilities Grant has enabled adaptations and more space to enable vulnerable older or disabled people to accommodate carers if required. • LCC is positively planning for the provision of new permanent Gypsy and Traveller sites across the district. This is in order to meet Leeds' need for 62 new pitches for Gypsy and Travellers and 15 plots for Travelling Show people between 2012-2028. These will have good access to health care, schools and locals services and will not be on land deemed unsuitable for general housing such as contaminated land, or land adjacent to refuse sites or heavy industry. Gypsy Traveller input has helped to ensure the appropriate provision of sufficient and good quality sites in Leeds and helped to reduce tensions with the settled community. • A site of 8 new pitches which includes a clean water supply and electricity connection has been developed at Kidacre Street. The edge of city centre location allows access to a wide range of services and facilities. • Leeds is also positively planning for Gypsy and Travellers who are temporarily stopping in Leeds through a Negotiated Stopping management approach, which makes sites available at short notice for a period of up to 28 days. The Council provides basic services on the site such as refuse collection and toilets, so are significantly better than road side conditions. This also breaks the eviction cycle as there is no immediate threat of eviction. Serviced negotiated stopping for Gypsies and Travellers has been held up as good practice (van Cleemput 2017). This approach is a very recent intervention and will require careful monitoring over the short term period. • NHS Leeds CCG currently funds an Outreach Nurse to improve access to Health Services for Gypsy Travellers across Leeds and a Health Needs Assessment of Gypsy Traveller and Roma groups is currently underway to inform future public health improvement activity with these groups.

VULNERABLE GROUPS	
Migrants	• A discussion paper on migrant health was taken to the HWB in October 2017 and the Leeds Migrant Health Board was consequently convened in February 2018. This Board, which reports to the Health and Wellbeing Board and the Leeds Strategic Migration Board, is identifying its priorities, one of which is likely to be around housing and health for migrants. It is chaired by the Director of Public Health and has representatives from Public Health, NHS Leeds CCG, Primary Care, NHS Hospital Trusts and the third sector. • The LCC Migrant Access Point helps reduce pressures on services, including health and housing, and helps new arrivals settle in Leeds. Migrant Access Project +, delivered by Touchstone, supports migrants in partnership with Leeds City Council's Private Rental Team in Holbeck. Out of 82 referrals between Sept 2017-July 2018, 6 were referred to housing support, 10 for physical health support and 12 for mental health support, 12 for social isolation and 31 for employment support. Half of referrals (41) were migrants to the UK within the last five years. • 100 Migrant Community Networkers (MCNs) will be trained in a wide range of issues, including health and housing, and 20 Migrant Community Health Educators will collaborate with GP Practices and local migrant populations to help appropriate access to health services appropriately. • Winter wellbeing projects have included advocacy help for migrant communities to help mitigate unfamiliarity with the domestic energy market and poor understanding of fuel bills. Training sessions delivered by National Energy Advice to frontline LCC and voluntary sector colleagues (usually 2 per winter period) enables important energy efficiency messages to be passed to local people, including especially vulnerable groups.

NEW HOMES
• The Core Strategy identifies the need for 51,952 new homes to be built by 2033 including a need for 1,158 new affordable homes per annum over the next 5 years. Around 4,000 poor quality homes will also need to be demolished and replaced (DPH Report 2014-16). The main focus of the Housing Strategy 2016-21 is on the delivery of affordable housing growth in order to meet the Core Strategy's affordable housing target (LCC Housing Strategy 2016-21). • LCC has continued to work closely with developers and housing associations to maximise the growth of new affordable housing in the city, both for home ownership and rent. The annual target of 1158 affordable rent units each year has not been met, though it should be recognised that delivery is cyclical and follows government funding (generally 3 year programmes). There have also been a number of barriers to this including the economic downturn in the late 2000s / early 2010s, limited availability of grant funding, borrowing caps set on the Council (in terms of its own new homes programme) and the Government's policy on rents in the social housing sector. • However, almost 2200 new affordable homes have been provided over the last 6 years. LCC as a developer in its own right has made a significant contribution to this growth. The development of the Leeds Standard as a specification for the Council's own new build (and that of providers where possible) drives forward quality and includes good space standards, high energy efficiency and accessibility. • As a developer, the Council intends to continue delivering new homes and is in the process of developing mechanisms to do so, bidding into the Government's new programme to increase borrowing ability of named local authorities (of which Leeds is one) and considering new and additional delivery and investment.

PLANNING AND DESIGN FOR HEALTHY SPACES

- Town planning, transport planning and house building have inadvertently contributed to the lifestyle associated diseases that place an unacceptable burden on both individuals and the NHS (NHS England 2018).
- NHS England supports the creation of new towns and neighbourhoods where people can walk and cycle around easily, where everyone lives within reach of good green spaces, as part of a strong, connected community. The commissioning, planning, design, management and maintenance of new housing developments will therefore play a key part in the aims of the Five Year Forward View (NHS England 2018).
- We know that the Leeds population is changing due to an increasing birth rate, an ageing population, new migration and changing expectations (DPH Report 2014-15). Ensuring that communities are resilient to these changes is a key consideration for planning and is embedded in the city's Core Strategy and Health and Wellbeing Strategy.
- Leeds wants to ensure long term prosperity, but it is important to do this alongside social progress and enhancing a quality environment: a strong economy, a compassionate city and truly sustainable development.
- Currently, Leeds has comprehensive design guidance available to developers but there is potential for this to contribute much more. Many of our new neighbourhoods are dominated by traffic, parking and lack attractive streetscapes. There is an opportunity for new housing to better fully embrace the potential health and environmental benefits that well-designed spaces and safe, footpath networks can bring.
- There is also an opportunity for 'Placemaking' through the creation and improvement of open spaces which are not directly linked to new development. In some cases these may arise from the application of Section 106 monies to existing poor quality or isolated spaces. For existing neighbourhoods, there are opportunities to create greener streetscapes by reducing the impact of cars, increasing pedestrian and cycleways and creating community greenspaces on neglected sites. These neighbourhood projects could be funded through Community Infrastructure Levy (CIL) and Section 106 monies thereby having a fairly immediate impact.
- The Community Infrastructure Levy (CIL) and Section 106 contributions are monies paid by a developer to fund infrastructure required to mitigate the impact of new development, either in the vicinity of a development site or elsewhere in the district.
- In addition, the CIL Neighbourhood Fund (15-25% of CIL receipts) can be spent on greenspace/green infrastructure. How it is spent is up to the relevant Parish or Town Council or Community Committee, in consultation with the local community. Its purpose is to be spent on local infrastructure to benefit the local community.
- There is clearly scope for Section 106 and CIL monies to have a significant impact on improvements to the streetscape and incidental green spaces, pocket parks and community gardens, which will have the added benefit of improving community cohesion and promote long term health and wellbeing. There is growing evidence that people have an innate need for 'greenness' and through involvement in community gardening and merely being in green spaces creates feelings of wellbeing and aids recovery from mental and physical illness.
- The creation of green corridors, particularly along our busy streets, can mitigate against air pollution. The impact of vehicle emissions is having a detrimental effect on everyone's health, but particularly on children. Babies in prams are at the greatest risk of inhaling toxic pollution because they are closer to the level of car exhaust pipes. The Clean Air Zone will reduce the number of vehicles in the city centre, but have little impact on suburban neighbourhoods.
- All new highways schemes now adhere to West Yorkshire Combined Authority's 'Green Streets' principles, but this could extend to all highways enhancement works, whereby creating a green buffer of trees and shrubbery between the road and the footway/cycleway will encourage healthier and safer green routes to public transport, schools, shops and workplaces. Leeds City Region's 'Green and Blue Infrastructure Strategy 2017-2036' is a

project focussed vision to create a network of green and blue corridors (road, rail, canal and cycleways) linking our existing and proposed natural resources.

- There is a growing body of evidence to support designing streets for children as a way to make the city more attractive, walkable and sustainable for all. This does not mean more play areas in the traditional sense; but streets with soft landscaping, community gardens, places to sit and where the pedestrian has priority. Designing neighbourhoods that encourage children's play and independent mobility (through creating opportunities for 'doorstep play' and safe movement networks) leads to more adult socialisation and active travel, as shown in the National House Building Council report 'Making Spaces for Play'.
- The Planning and Design for Health and Wellbeing group was set up in 2017 to bring together planning and health colleagues across the Council, in response to the opportunities for the housing environment to impact positively on health. It is building on the work of the Director of Public Health Report 2014-15, which detailed a number of ways that Leeds could plan a healthy city around housing growth.
- The group aims to establish key principles that are underpinned in national and local planning policy and meet strategic priorities for the city, which can be signed up to by all partners. The key principles are detailed in appendix II and are: active neighbourhoods, better air quality and green space, cohesive communities. The group's ambition is to work with partners to implement the principles on key sites, including new housing developments and gather evidence about their impacts.
- The group's proposed next steps are:
  - Including the key principles in planning briefs for future developments
  - Identifying new housing developments and/or regeneration projects in East Leeds and work with partners to implement key principles
  - Forming stronger links with Highways and Planning teams to understand, test and implement the principles
  - Hosting a developers workshop/symposium to start a dialogue about the key principles – leading a 'child-friendly' or 'healthy neighbourhood' status for new development that achieves a set of criteria
  - Investigating gaps in green infrastructure. Our existing interactive map could be completed by students so that upgrade requirements and gaps could be identified. Creating safe, overlooked natural pathways is key to unlocking active travel, children's independent mobility and biodiversity
  - Developing a web based toolkit with design guidance, models of good practice and information to support developers, planners and health and wellbeing partners to implement the principles

4. Health and Wellbeing Board Governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 When the Leeds Housing Strategy was refreshed in 2016 there was a period of public consultation on the draft strategy. This consultation included a survey for interested citizens available online, and targeted communication and engagement with housing and related organisations in Leeds, and tenant and resident groups.

4.1.2 Housing Leeds supports a strategic tenant group called VITAL (Voice of Involved Tenants at Leeds) which is a group of mainly Council tenants who provide tenant input into policy development relating to Council Housing. There is an opportunity to hold some co-ordinated engagement with Leeds residents / patients to ensure combined service user input into any future collaboration.

4.1.3 In April 2018, the HWB held a workshop session designed to hear the voices of some of our communities who experience the poorest health outcomes – Gypsies and Travellers, asylum seekers and refugees, sex workers and the homeless community. Third sector organisations who work with these communities as well as people with lived experience shared their views on health and wellbeing, including housing.

4.2 Equality and diversity / cohesion and integration

4.2.1 A full Equality Impact Assessment was undertaken of the Housing Strategy to consider the equality impacts of the strategy. It is widely accepted that the Housing Strategy aims to support Leeds residents who are most disadvantaged with a view to increasing cohesion and integration in the city. Some changes were made to the strategy following the Equality Impact Assessment to identify priorities to support resident groups with protected characteristics.

4.3 Resources and value for money

4.3.1 There is lots of national research which indicates that there are significant budget saving and efficiency opportunities that can be achieved from greater integration of health, care and housing support both on the immediate health status of individuals and at a population level in the future.

4.4 Legal Implications, access to information and call In

4.4.1 There are no specific legal or call in implications associated with this report.

4.5 Risk management

4.5.1 At this stage there are no risks to the Health and Wellbeing Board

5. Conclusions

5.1 Housing, health and health inequalities interact in several ways. Poor condition of existing homes and their surrounding environment has an immediate negative impact on the physical and mental health of individuals and families living there, as well as straining health services. In the immediate term, it is essential to improve the condition of poor housing, especially in the most deprived neighbourhoods in the city.

5.2 It is well known that there are strong links between health and housing, recognised in both the Leeds Housing Strategy and Leeds Health and Wellbeing Strategy 2016-2021. The most common housing issues, which impact on health are excess cold, damp, falls, overcrowding, insecurity of tenure, affordability and property security.

5.3 The largest growing housing sector in Leeds is the private rented sector, which also has the poorest quality housing in the city. It is a priority for Leeds City Council to regulate the quality of housing in the private rented sector, along with maximising the growth of affordable new homes.

5.4 A home's surrounding neighbourhood also has a huge impact on the health and wellbeing of its residents. Areas that feel unsafe, lack green space or are dominated by traffic can lead to social isolation, inactivity and pollution-related illnesses. There is an alarming reduction of children's independent outdoor activity

recorded over the last few decades, alongside a dramatic rise in childhood obesity.

5.5 Partnerships between housing and health organisations at both a strategic and operational level are essential if a more collaborative approach to health and housing issues is to be achieved. The West Yorkshire and Harrogate Health and Care Partnership recently identified an opportunity for strengthened partnership working across West Yorkshire, including Leeds. Local Care Partnerships will see a range of different services working together in communities to deliver joined up care to individual residents. Housing's connection into the partnerships is a critical one to ensure that housing issues are considered alongside health issues.

5.6 Local Care Partnerships provide the foundation on which to build further collaborative working around housing and health. Learning from Wakefield Housing, Health and Social Care Partnership can help inform how health and care services can be delivered.

5.7 Learning from the NHS England's Healthy Towns initiative, which aims to shape the health of communities, offers an excellent opportunity to help unite Public Health, NHS providers and commissioners, planning and housing development partners to plan and build healthier places both now and for the future

5.8 In the longer term, planning and design can help us build active, healthy, safe, affordable and cohesive neighbourhoods, reducing lifestyle related conditions and demand for future health services, whilst increasing independent living further into old age. Building healthy spaces and places where active travel and outdoor activity is an easy choice will build community relationships and contribute enormously to reducing inequalities in health and promoting healthy lives for all.

5.9 Our shared ambition should be for everyone to benefit from healthy place making across all housing tenures, realising that if we make spaces accessible, safe and attractive for the most vulnerable in society, then they work for everyone.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Discuss, identify and agree ways to further integration between housing, environment and health partners at both strategic and operational levels
- Identify priority areas for future consideration and collaboration on housing issues which have an impact on health
- Agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways
- To help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy
- Note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date

7. Background documents

None

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How does this help reduce health inequalities in Leeds?
Improving the poorest quality homes now will reduce the impact of housing related health conditions on the most vulnerable groups and enable better self-management. In the future, building healthy design into all new housing developments will enable all residents, including those in affordable housing to build up their physical and mental health resources through everyday living.

How does this help create a high quality health and care system?
Improving collaboration and joint working between health and housing services will enable a more holistic approach to health and wellbeing. Housing services will be able to react more quickly to a person's needs and strengthen a person's health status.

How does this help to have a financially sustainable health and care system?
Tackling the wider determinants of health, will encourage greater wellbeing for individuals and more efficient use of healthcare and related resource, reducing repeat episodes of housing related illness.

Supporting healthier behaviour at population level and throughout the life course will reduce the need for health services in the future.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	✓
A strong economy with quality, local jobs	
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	

Appendix I

Improving Health and Care through the home: A National Memorandum of Understanding

February 2018


directors of
adass
adult social services


ASSOCIATION OF DIRECTORS OF PUBLIC HEALTH


Alzheimer's Society
United Against Dementia


bre


Care&Repair
England


Chartered
Institute of
Housing


Chartered Institute of
Environmental Health


Department
of Health &
Social Care


Foundations


HACT
ideas and innovation in housing


homeless link


Homes
England


Housing LIN
Connecting people, ideas and resources


Local
Government
Association


Ministry of Housing,
Communities &
Local Government


new nhs
alliance


NATIONAL
HOUSING
FEDERATION


NHS
England


NHS
Property
Services


NHSProviders


Public Health
England


Royal College of
Occupational
Therapists


RTPI
Royal Town Planning Institute


RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE


skillsforcare


St Mungo's
Ending homelessness
Rebuilding lives

Signatories to this MoU

Alzheimer's Society
Association of Directors of Adult Social Services (ADASS)
Association of Directors of Public Health (ADPH)
Building Research Establishment (BRE)
Care & Repair England
Chartered Institute of Environmental Health (CIEH)
Chartered Institute of Housing (CIH)
Ministry of Housing, Communities and Local Government (MHCLG)
Department of Health and Social Care
NHS Providers (formerly Foundation Trust Network)
Foundations
Homeless Link
Homes England (formerly Homes and Communities Agency)
Housing Associations' Charitable Trust (HACT)
Housing Learning and Improvement Network (Housing LIN)
Local Government Association (LGA)
National Housing Federation (NHF)
(New) NHS Alliance
NHS England
NHS Property Services (PropCo)
Public Health England (PHE)
Royal College of Occupational Therapists (RCOT)
Royal Society for Public Health (RSPH)
Royal Town Planning Institute (RTPI)
Skills for Care
St Mungo's

Health, Social Care & Housing: A practical partnership

Why a Memorandum of Understanding (MoU)?

The right home environment is essential to health and wellbeing, throughout life. Our homes are the cornerstones of our lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We work together, across government, housing, health and social care sectors to enable this. This MoU brings together key organisations, decision-makers and implementers from across the public and voluntary sector, to maximise opportunities to embed the role of housing in joined up action on improving health and better health and social care services.

This Memorandum of Understanding sets out:

- Our shared commitment to joint action across government, health, social care and housing sectors in England;
- Principles for joint-working to deliver better health and wellbeing outcomes, more effective healthcare and social care and to reduce health inequalities;
- The context and framework for cross-sector partnerships, nationally and locally, to design and deliver: healthy homes, communities and neighbourhoods; integrated and effective services that meet the needs of individuals, their carer's/carers and their families;
- Shared success criteria to deliver and measure impact.

Working together, we aim to:

- Support national and local dialogue and information exchange to inform better strategic decision-making across government, health, social care and housing sectors.
- Coordinate health, social care, and housing policy to offer a more integrated approach to national policy development and advise on local implementation.
- Enable local partnerships to collaborate more effectively across health, care and housing when planning, commissioning and delivering homes and services.
- Ensure the public and service users are heard and involved in collaborative work across health, care and housing.
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improving people's experience and outcomes; preventing ill health and safeguarding.
- Promote the adaptation of existing homes and the building of new accessible housing with support which is environmentally sustainable and resilient to future climate change and changing needs and aspirations.
- Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing, and are able to identify suitable solutions to improve outcomes.

Context

Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities, and those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.

The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. The act gave Local Government responsibility for improving public health and public health teams were transferred from the NHS to upper tier councils to support this work.

Provisions require co-operation between the NHS and local government at all levels. Health and Wellbeing Boards (partnerships of all those working to advance the health and wellbeing of the people in that area), also have a duty to encourage commissioners to work together.

The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. Local authorities are required to consider the physical, mental and emotional wellbeing of the individual needing care, and assess the needs of carers. They must ensure the provision of preventative services and carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.

The Care Act calls for:

a. A shared vision and culture of cooperation and coordination across health, public health, social care and local authority roles, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services;
b. A whole systems- and outcomes-based approach to meeting the needs of individuals, their carer/s and family, based on a robust understanding of the needs of individuals, their carers and families now and in the future;
c. Consideration to the health and wellbeing of carers;
d. Solutions to meet local needs based on evidence of 'what works';
e. Services that will address the wider determinants of health, e.g. housing, employment.

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities and their partners to achieve improved outcomes for less; for example, drawing on the Better Care Fund to support service transformation.

Further recognition and opportunities which acknowledge the fact that current pressures across health and social care cannot be solved in isolation, come with the Sustainability and Transformation Plans (STPs) which were announced in December 2015. Place-based plans provide an opportunity for the formation of sustainability and transformation partnerships comprising NHS services, commissioners, local authorities and other key stakeholders which come together to develop plans that achieve better outcomes and prevent future health, care and housing inequalities.

The right home environment can:

- Protect and improve health and wellbeing and prevent physical and mental ill-health;
- Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
- Allow people to remain in their own home for as long as they choose. In doing so it can:
  - Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
  - Prevent hospital admissions;
  - Enable timely discharge from hospital and prevent re-admissions to hospital;
  - Enable rapid recovery from periods of ill-health or planned admissions.

Key features of the right home environment (both permanent and temporary) are:

- It is warm and affordable to heat and has adequate ventilation to support good air quality and thermal comfort in extreme conditions.
- It is free from hazards, safe from harm and promotes a sense of security;
- It enables movement around the home and is accessible, including to visitors;
- There is support from others if needed.
- Tenure that is stable and secure

At a local level the right home environment is enabled by a range of stakeholders (not exhaustive):

- Local Health and Wellbeing Boards have a duty to understand the health and wellbeing of their communities, the wider factors that impact on this and local assets that can help to improve outcomes and reduce inequalities. The inclusion of housing and housing circumstances, e.g. homelessness in Joint Strategic Needs Assessments, should inform the Health and Wellbeing Strategy and local commissioning;
- Local housing and planning authorities commission the right range of housing to meet local needs, and intervene to protect and improve health in the private sector, to prevent homelessness and enable people to remain living in their own home should their needs change;
- Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community;
- Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness, or time in hospital, and to remain in their own home as their health and care needs change. Home improvement agencies and handyperson services deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home;
- The voluntary and community sector offers a wide range of services, from day centres for homeless people to information and advice to housing support services. All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need.

Oversight and impact

Oversight and delivery of this agreement

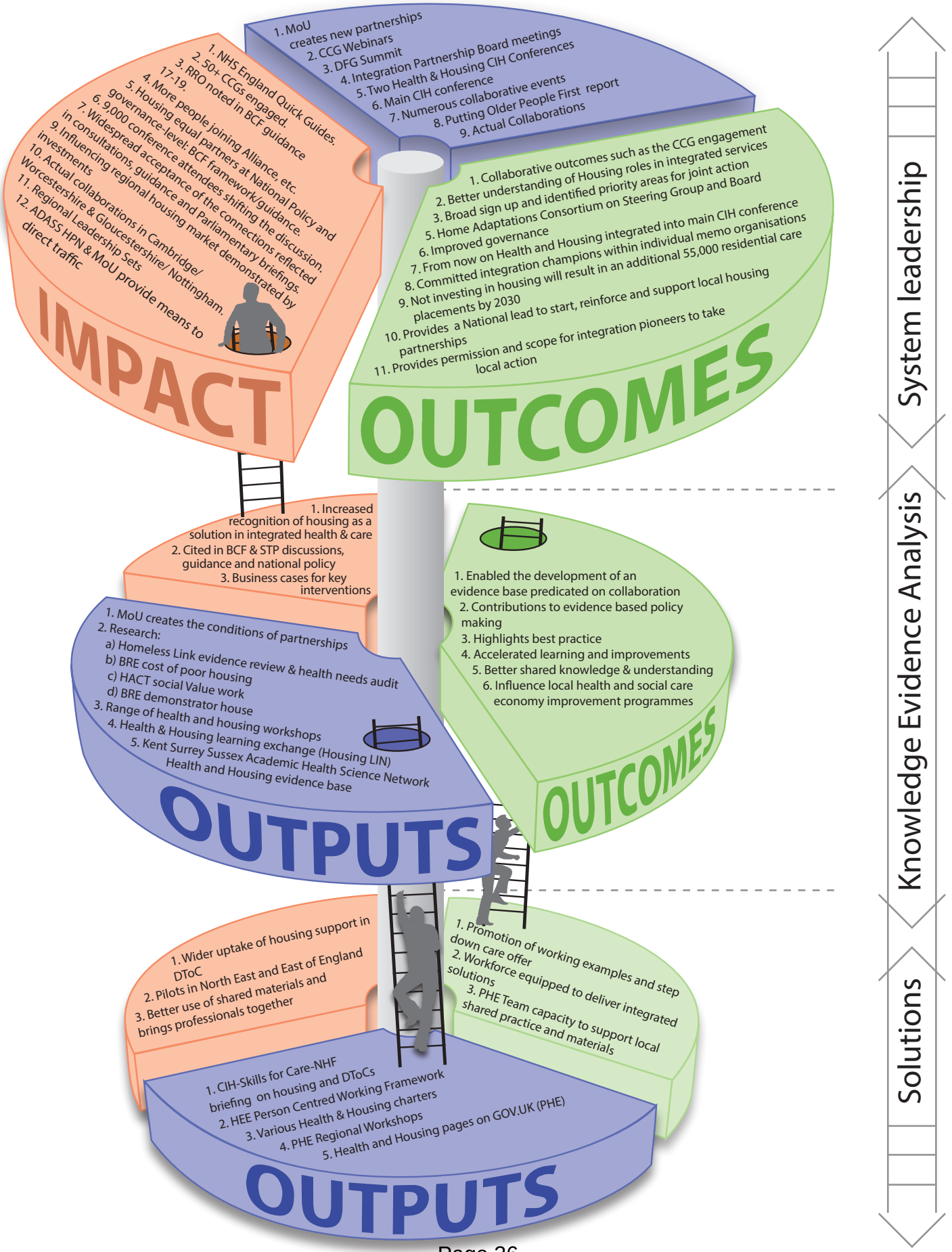
The partners to the MoU will nominate a senior representative to meet quarterly. This will be arranged through the Association of Directors of Adult Social Services Housing Policy Network. The network will review progress annually and agree if changes are required to the MoU or the accompanying success indicators.

Impact to date

Since the original National Memorandum of Understanding was agreed in December 2014 significant progress has been made to ensure that health, care and housing needs are considered together in addressing people's health and wellbeing. The emerging consensus in the language used by national policy makers which considers the places and homes where people live as a determinant of health to be as important as the quality and access to health and social care services, cannot all be a result of a policy agreement at national level. Nevertheless concerted collaboration between national policy makers has resulted in significant activities in terms of collaborative events, research and projects. National leadership of this kind has contributed to changing the parameters of arguments which traditionally expressed themselves in terms of the interplay between health and care needs and services. This joint commitment to improve health and care services through the home sets the tone and provides the background which has already generated significant outcomes and impact.

The following image illustrates examples of the connections between outputs generated by the partnership and the wider outcomes and impact of the MoU in the past 30 months.

Impact to date



Memorandum of Understanding: Indicators of Success

6

The Memorandum of Understanding sets out a commitment to joint action across the housing, health and social care sectors and begins to demonstrate how this cross-sector collaboration might work in practice. No single initiative can drive better partnerships between these sectors but the Memorandum of Understanding has a significant role to play. This is demonstrated by its inclusion in a number of key national policy documents and its adoption in some local areas.

We aim to act together to ensure this positive momentum continues in the coming years. When commitments to joint action in the Memorandum of Understanding are adopted more widely, we expect:

1. *Better strategic planning*: The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government at both a national and local level. These planning processes should be responsive to the needs and input of local communities and experts by experience. They should deliver good quality, housing options for all that both meet current health needs across the lifespan and are responsive to future changes, such as demographic shifts and climate change.
2. *Better understanding of the preventative role of housing*: Greater recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill health or injury. As a result, there is a strong economic case for investment in improving poor housing and providing new and specialised housing.
3. *Greater collaborative care*: Greater joint action on housing's contribution to different care pathways, including prevention and transfer of care or discharge planning.
4. *Better use of resources*: Use resources more effectively to improve health through the home, prevent illness, manage demand and deliver service improvements across local housing, health and social care sectors
5. *Improved signposting*: Frontline housing, homelessness, health and social care professionals know which services and interventions are available across the other sectors locally and how to refer people into these. There is also greater awareness among the general public about the services they can access to improve their home environment where this is affecting their health and wellbeing outcomes
6. *More shared learning*: Housing, homelessness health and social care professionals to have the appropriate, multi-disciplinary training to better prevent ill health and promote good health and wellbeing through the home, and deliver integrated care and support across the sectors.
7. *Wider sector engagement*: An increase in the number of Signatories to the MoU, including organisations representing frontline professionals and experts by experience.

The Signatories will continue to monitor our contribution to these indicators of success and will work towards developing a process for reporting on this. We will also track progress across the wider housing, health and care systems. We will work to support the aims of the Memorandum of Understanding by:

- Regularly attending the meetings of the Memorandum of Understanding Signatories
- Disseminating best practice and keeping other Signatories updated on planned work, latest policy developments and emerging learning relevant to housing, health and social care
- Championing co-production with experts by experience and wider communities in developing local and national strategies and services around housing, homelessness, health and social care.

Appendix II – Planning and Design for Health and Wellbeing – Key Principles

Active neighbourhoods – promoting cycling and walking, reducing car usage and improving children's opportunities for independent mobility.

The increasing volume and speed of traffic over the last few decades have been shown to impact negatively on healthy outdoor activity. Attractive, safe streets and networks lead to more children's informal play and active travel for all ages and abilities, and can add to the financial value of development.

Better air quality and green space – using green and blue infrastructure to provide opportunities for outdoor recreation and promote mental wellbeing.

New development should provide and link to existing green and blue infrastructure wherever possible and should provide new natural features including green roofs, hedges, street trees and gardens. Environmental sustainability is integrally linked.

Cohesive communities – encouraging co-located services and high quality neighbourhood spaces to encourage social interaction and combat isolation.

A well-overlooked street or space that provides places for chance encounters or to sit and chat is more likely to lead to more neighbour friendships, helping those from different backgrounds get to know each other and feel safe. Facilities and workplaces should be easy to reach, and communities helped to play an active part in managing their area.

Planning and Design for Health and Wellbeing

Leeds aims to establish key principles of planning and design for health and wellbeing that are underpinned in national and local planning policy and meet strategic priorities for the city, which can be signed up to by all partners.

Key Principles

- **Active neighbourhoods** – promoting cycling and walking, reducing car usage and improving children's opportunities for independent mobility.
  The increasing volume and speed of traffic over the last few decades have been shown to impact negatively on healthy outdoor activity. Attractive, safe streets and networks lead to more children's informal Wplay and active travel for all ages and abilities, and can add to the financial value of development.

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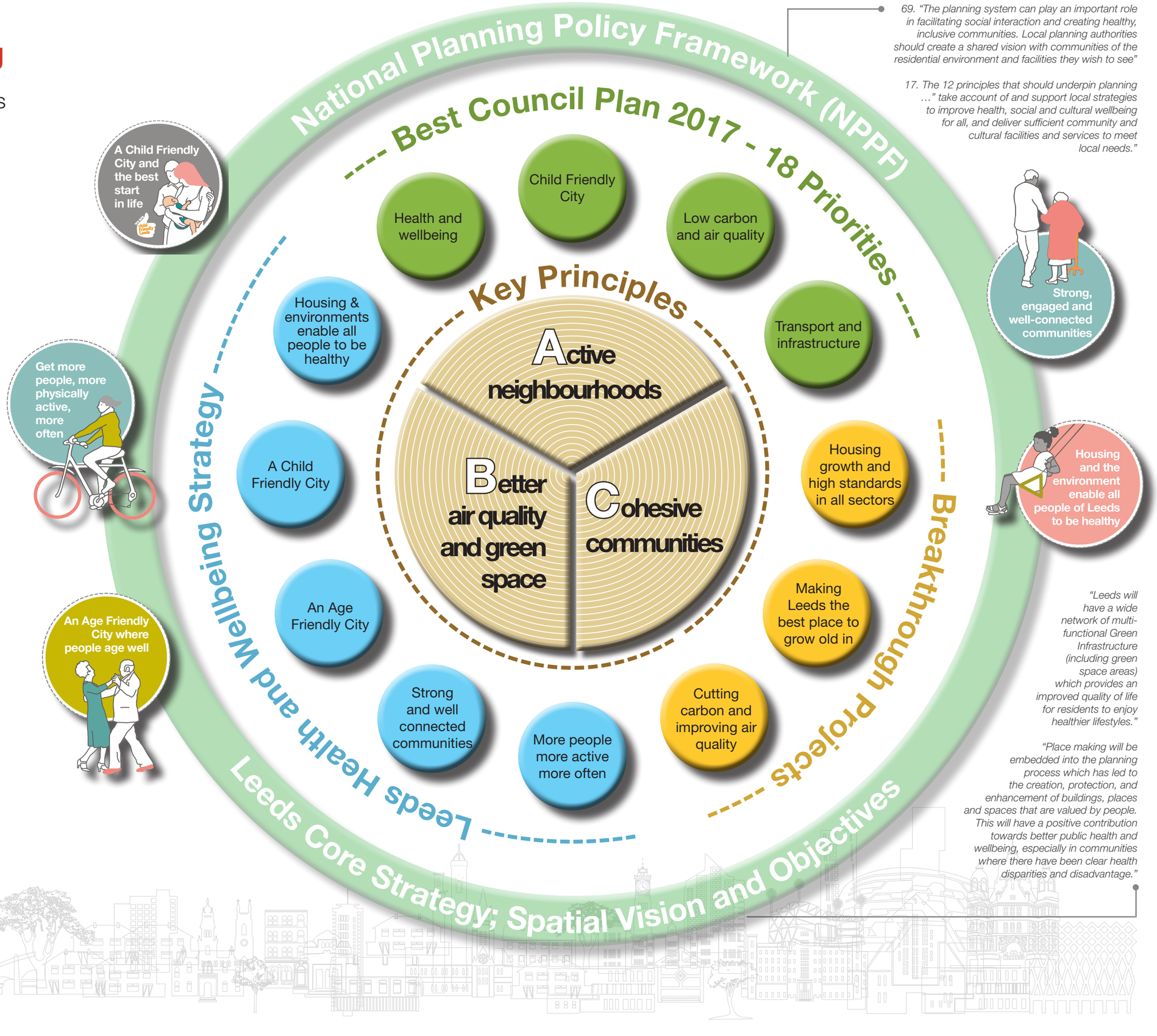

69. "The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities should create a shared vision with communities of the residential environment and facilities they wish to see"

17. The 12 principles that should underpin planning …" take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs."

"Leeds will have a wide network of multi-functional Green Infrastructure (including green space areas) which provides an improved quality of life for residents to enjoy healthier lifestyles."

"Place making will be embedded into the planning process which has led to the creation, protection, and enhancement of buildings, places and spaces that are valued by people. This will have a positive contribution towards better public health and wellbeing, especially in communities where there have been clear health disparities and disadvantage."

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Leeds Health and Wellbeing Board

Report author: Simon Hodgson

Report of: Chair of Safer Leeds Executive, Director of Communities & Environment (LCC)

Report to: Leeds Health and Wellbeing Board

Date: 5th September 2018

Subject: Draft Safer Leeds Community Safety Strategy (2018-2021)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The vision of the Leeds Health and Wellbeing Strategy 2016-21 is that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Amongst its five outcomes is that 'people will live in healthy, safe and sustainable communities'.

As the city's Community Safety Partnership, the Safer Leeds Executive (SLE) has a statutory requirement to prepare and implement a local Crime and Disorder Reduction Strategy, referred to locally as the Safer Leeds 'Community Safety Strategy' (appendix 1).

In drafting the new community safety strategy, SLE recognises the pressures, increasing demands and costs on key bodies and service providers, whose work is directly and indirectly affected by a range of associated community safety issues. The need to build on the existing good partnership work and collaboration that already exists is crucial if we are to collectively deliver better health and wellbeing results more efficiently and effectively for the people of Leeds.

SLE is committed to working with partners and maintaining strong links through shared cross-cutting agendas. A few examples where SLE will be supporting priorities of the Leeds Health and Wellbeing Strategy include:

- Strong engaged and well-connected communities (via Hate Crime, Community Cohesion)
- A stronger focus on prevention (via Youth & Adult Offending, Families First, Safer Schools, Serious and Organised Crime Programme and Street Users)
- Promote mental and physical health equality (via joined up work in Priority Neighbourhoods and with Priority Groups)
- A valued, well trained and supported workforce (via the Domestic Violence and Abuse Quality Mark/ Models and other safeguarding issues e.g. forced marriage and honour based abuse, modern slavery and sexual exploitation)
- The best care, in the right place, at the right time (via work with all victims of crime)

Safer Leeds has an overarching outcome that the Partnership seeks to achieve this being: ***People in Leeds are safe and feel safe in their homes, in the streets and the places they go.*** For the new community safety strategy (2018-21) the SLE have agreed the following shared priorities that the partnership will concentrate on over the term of the strategy:

- *Keeping people safe from harm (victim)*
- *Preventing and reducing offending (offender)*
- *Creating safer, stronger communities (location)*

The SLE considered the draft Community Safety Strategy 2018-21 at its meeting on the 19th July, and is currently open to consultation through the Council's Scrutiny process and with key strategic partnerships.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
- Agree what action the HWB can take collectively and at organisational level to help achieve the outcome that 'people in Leeds are safe and feel safe in their homes, in the streets and the places they go'.
- Consider and respond to the consultation on the strategy as part of the HWB's role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
- Provide feedback on any pertinent issue that supports on-going discussions around 'system changes' and 'operational response'; where improving health and wellbeing outcomes are directly connected to community safety priorities.

1 Purpose of this report

1.1 This report outlines the draft Safer Leeds 'Community Safety Strategy' (2018-21) for consideration as part of the consultation phase with the Leeds Health and Wellbeing Board (HWB) (attached as Appendix I).

1.2 This report builds on the existing relationship between the Safer Leeds Executive and the HWB, which share some members. This report is presented to HWB in recognition of the shared ambitions and outcomes we are working towards as a city, as well as current and future contributions to the Leeds Health and Wellbeing Strategy,

1.3 The issues presented in this report and to be addressed by the new Community Safety Strategy are cross cutting and require a wide system response, which includes health and care partners. We know that people's experiences are not currently in line with our vision, as set out in the Leeds Health and Wellbeing Strategy and demands on services are growing. Consequently, it is important the HWB understands the ambitions of the new Community Safety Strategy and have the opportunity to shape and contribute to its delivery.

2. Background information

2.1 Community Safety Partnerships have a statutory requirement to prepare and implement a local Crime and Disorder Reduction Strategy every 3 years. In doing so, these local strategies are expected to have regard to the objectives set out in the Commissioner's Police and Crime Plan. Locally there is also a recognition that to achieve better outcomes for individuals, families and communities work across a range of bodies and service providers is required from a both a policy and practice perspective.

2.2 Safer Leeds is a long standing partnership body with statutory representation from Leeds City Council; West Yorkshire Police; West Yorkshire Fire and Rescue Service; National Probation Trust and Leeds Clinical Commissioning Group. The partnership is augmented by representatives Voluntary & Community Sector, West Yorkshire Community Rehabilitation Company; HM Prison Service, Leeds Children's Trust Board; Leeds Health and Wellbeing Board, Leeds Safeguarding Adults Board and Leeds Safeguarding Children Partnership.

2.3 The SLE has a statutory requirement to:

- Establish information sharing arrangements
- Produce an annual Joint Strategic Assessment
- Prepare and implement a Plan
- Produce a strategy to reduce reoffending
- Be responsible for establishing Domestic Homicide Reviews and applying learning
- Be responsible for establishing anti-social behaviour reviews and applying learning
- Regular engagement and consultation with the community

2.4 Over recent years, the partnership has focused much of its efforts on reducing domestic burglary, which was significantly higher in Leeds than in other comparable

cities and has significant public concern. The partnership has successfully delivered against this ambition to date. Although burglary remains an issue, the volume and prevalence of domestic burglary has been significantly reduced, from a peak of over 16,000 to around 5,000 a year.

2.5 In the last 4 years the partnership has also focussed its attention on Domestic Violence and Abuse, linked in with the Council's breakthrough project. Of note, innovation programmes include the Front Door Safeguarding Hub, notifications to schools, roll out Routine Enquiries (at GP practices) and the extension and increased take-up of the organisational and service Quality Mark have been progressed, developed and sustained.

2.6 Over the past 2 years there has been an increased 'shift' towards the Safeguarding agenda, with a particular emphasis on reducing repeat domestic violence/abuse incidents for victims, protecting vulnerable children and adults from exploitation and improving support and access to service for victims as well as interventions for offenders to support a change a behaviour. There is a recognition that more needs to be done in localities of concern and within communities of interest on these agendas.

2.7 After sustained periods of crime reductions both nationally and locally, crime levels have started to increase. In Leeds, we have seen total recorded crime rise in the last three years. In 2017, there were 95,011 crimes, an increase of 11.7% on the previous year. The reasons for these increases are not straight forward. There have been changes in how crimes are recorded but also real positive changes in the way victims are supported, encouraged to report crimes as well as improvements in recording practice. At the same time the nature and type of crime has also changed; cyber related crime has become more prevalent and there are a multitude of platforms that are now used to facilitate, exploit and groom vulnerable people.

3. Main Issues

The draft Safer Leeds 'Community Safety Strategy'

3.1 Like other cities, Leeds faces significant challenges and pressures in relation to better health and wellbeing outcomes. To tackle existing, new and emerging community safety risks, threats and harms, there must be a collective emphasis on meeting the needs and demands of people, as well as preventing future victimisation and offending; ensuring every contact counts.

3.2 Everyone has the right to live in a safe, clean and tolerant society and everyone has a responsibility to behave in a way that respects this right. As a collective we should never be complacent as there is always room for improvement.

3.3 The draft Safer Leeds 'Community Safety Strategy' provides all partners with an opportunity to 'Reframe & Refocus' on some critical challenges; of which 3 are highlighted here:

- Problem Solving ~ requires a breakthrough in prevention, early intervention and vulnerability at an individual, family and community level

- Acute Safeguarding Risks ~ diverse & complex issues requires transformation in service delivery models
- Invest to Save ~ addressing sources of demand through partnership activity and community led policing, that builds trust & confidence

3.4 The draft Safer Leeds 'Community Safety Strategy', sets out the high level ambitions and intentions of the partnership over the next 3 years: The overarching outcome that the Partnership seeks to achieve is:

- People in Leeds are safe and feel safe in their homes, in the streets and the places they go.

The ***Partnership's Shared Priorities*** over the term of the strategy will be:

- Keeping people safe from harm (victim)
- Preventing and reducing offending (offender)
- Creating safer, stronger communities (location)

With a focus on:

- Anti-social behaviours and criminal exploitation
- Crime and disorder related to drugs, alcohol and mental health
- Hate crime and community tensions
- Safeguarding including domestic violence and abuse, forced marriage and honour based abuse and modern slavery
- Serious and organised crime

3.5 In addition, Safer Leeds will work with and support other partnership boards and delivery groups on the following issues:

- Community cohesion
- Other relevant Safeguarding issues pertinent to crime and disorder
- Pupil/ Student Safety
- Safer Travel/ Road Safety

3.6 The partnership's shared priorities of ***'victim, offender and location'*** denotes both a universal and targeted approach to addressing community safety issues, regardless of the issue, with a recognition that to achieve the desired outcomes the emphasis has to be on ***'People and Place'***

Safer Leeds Review

3.7 A review of Safer Leeds Executive has recently been conducted with the intention of putting in place refreshed arrangements that:

- Detail the membership, function and roles of the Board
- Formalise the governance and accountability framework of the Board
- Enable the Board to delivery on its business requirements and
- Manage the delivery of the new Safer Leeds Strategy (2018/21)

3.8 The new governance arrangements will ensure work across the shared priorities and community safety issues are managed more effectively and there are clear

lines of accountability and opportunities to escalate risk. The established of 'Operational Delivery Boards' and 'Placed Based Boards' will be chaired by a member of the SLE who be responsible for developing, implementing and reporting back on progress of plans.

3.9 In the draft strategy for each of the shared priorities is a high level narrative which sets out the intentions (direction of travel) for the next 3 years. The key deliverables have ascribed actions that named lead organisations/ agencies or bodies have made a commitment to taking forward this year. This does not include core services and/ or current provision but focuses on the 'additionality' that partnership working brings, in terms of activity and innovation. Each ascribed primary lead will be held accountable to SLE on implementation of these actions during 2018/19.

3.10 Of note, the governance arrangements for the reformed the Drugs and Alcohol Board are shared between the HWB and SLE to ensure system change is conducive to both partnerships in line with the 4 main outcomes for the emerging strategy:

i) Fewer people misuse drugs and/or alcohol and where people do use they make better, safer and informed choices
ii) Increase in the proportion of people recovering from drug and/or alcohol misuse
iii) Reduced crime and disorder associated with drug and/or alcohol misuse
iv) Addressing specific emerging issues

Funding

3.11 Since coming to Office in November 2012, the West Yorkshire Police and Crime Commissioner has provided funding to Safer Leeds on an annual basis to support the partnership's priorities. Accountability for the delivery of the funds, sits with the SLE who seek to ensure value for money and excellence in service delivery. Areas that will be funded in 2018/2019 are outlined here:

3.12 Community Safety - **Creating safer, stronger communities (location**)

- Supporting the Front Door Safeguarding Hub
- Delivery of a domestic violence campaign
- Delivery and dissemination of lessons learnt from the DHR reviews
- Support the prevention of nuisance and anti-social behaviour and
- Reduce the occurrence and impact of hate crime through the Leeds Anti-Social Behaviour Team (LASBT)
- Providing extra capacity to support intelligence products to inform the deployment of resources (via the Safer Leeds Intelligence Team)
- Mental Health additional provision
- Prevent domestic violence and abuse for those at risk
- Implement partnership referral processes and pathways and approaches to tackle domestic violence and abuse
- Enhanced security provision via Leedswatch (CCTV)

3.13 DIP Drug and Alcohol Programme - **Keeping people safe from harm (victim)**

- Reduce the aggravating effects of alcohol and drugs on crime and ASB Support delivery of Integrated Offender Management

3.14 Youth Offending Service - **Preventing and reducing offending (offender)**

- Breaking cycles of offending
- Early identification and interventions for those at risk of becoming involved in criminality

3.15 In addition to the areas funded above, the Police Crime Commissioner has also been running the West Yorkshire POCA (Proceeds of Crime Act) Community Safety Fund, which provides resources for predominately 3rd sector organisations community groups and partners to support delivery of the Police and Crime Plan. Applicants can apply for up to £5k as part of funding rounds. For more information see https://www.westyorkshire-pcc.gov.uk/safer-communities-fund.aspx

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 This strategy has been drafted in conjunction with representatives of all the SLE 'Responsible Authorities' and 'Cooperating Bodies' as well as members of the Health and Wellbeing Board and the Adults Safeguarding Board and Children's Safeguarding Partnership, who sit on the SLE.

4.1.2 The SLE as a statutory requirement to produce an annual Joint Strategic Assessment (JSA) to assess the scale and nature of crime and disorder in the city and to identify medium to long term issues affecting community safety. The JSA includes analysis of both a range of quantitative and qualitative data from across the partnership. It identified a number of reoccurring themes and this information and intelligence has therefore been used to inform delivery plans that underpin the overarching Strategy

4.1.3 Evidence from public consultation via the Office of the Crime and Commissioner and intelligence collated from residents, service users and providers, has been used to inform the contents of the strategy along with a range of Outcomes Based Accountability sessions held with operational professionals and service users during 2016 and 2017.

4.2 Equality and diversity / cohesion and integration

4.2.1 The draft Safer Leeds Community Safety Strategy (2018-21) makes reference to the partnership's commitment to serve all members of its communities effectively and acknowledges that all of its actions and plans should give due regard to implications for different groups and sections of the community.

4.2.2 A key aim of the strategy is to work closely with a range of communities of interest, and in particularly to improve all forms of hate crime reporting, domestic violence

and abuse related incidents, and other linked safeguarding issues which are known to be under reported.

4.3 Resources and value for money

4.3.1 Since coming to Office in November 2012, the West Yorkshire Police and Crime Commissioner has provided funding to Safer Leeds on an annual basis to support the partnership's priorities. For 2018/19, the confirmed local allocation being £1,275,959 of which £464,892 is specifically for the Community Safety element to deliver a range of community safety related activity to support the Safer Leeds Strategy.

4.3.2 Accountability for the delivery of these funds, sits with the SLE through Leeds City Council, who seek to ensure value for money and excellence in service delivery. Financial and performance reporting occurs on a quarterly basis.

4.3.3 The Safer Leeds Community Safety Strategy links directly to the Council's ambition of a strong economy and a compassionate city. Resources from across the wider city partnership's directly funds and promotes health and wellbeing and community cohesion by supporting communities and tackling poverty as part of the people and place agenda.

4.4 Legal Implications, access to information and call In

4.4.1 This report does not contain any exempt or confidential information. The report is ineligible for Call In, as the Executive and Decision Making Procedure Rules state: 'The power to call in decisions does not extend to decisions made in accordance with the Budget and Policy Framework Procedure Rules'. This is one such decision.

4.5 Risk management

4.5.1 National changes to government legislation and prioritisation will bring both challenges and opportunities for the city. SLE will continue to explore additional funding opportunities where this adds value to its local priorities as part of ongoing committed to support programmes of change through an 'invest to save' approach.

4.5.2 There are significant risks associated with budget reductions beyond the current financial year. Work will take place with partners to better understand what the implications and risks associated with budget reductions on the partnership's endeavours are to deliver against it shared priorities. Also, further negotiations will take place with regards to the Community Safety Fund for 2019/20 to ensure, where possible, funding is aligned to local priorities set out in the strategy.

5. Conclusions

5.1 The draft Safer Leeds Community Safety Strategy (2018-2021) sets out the city's approach to reduce crime and disorder and deliver the partnerships ambition to be "the best city in the UK with the best community safety partnership and services"

- A city that is inclusive and safe for all
- A compassionate city that protects and safeguards the vulnerable

- A city that challenges and seeks to change behaviours that negatively impact on safer and cleaner streets

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
- Agree what action the HWB can take collectively and at organisational level to help achieve the outcome that 'people in Leeds are safe and feel safe in their homes, in the streets and the places they go'.
- Consider and respond to the consultation on the strategy as part of the HWB's role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
- Provide feedback on any pertinent issue that supports on-going discussions around 'system changes' and 'operational response'; where improving health and wellbeing outcomes are directly connected to community safety priorities.

7. Background documents

None.

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How does this help reduce health inequalities in Leeds?
There are a number of key programmes, which will reduce health inequalities by supporting priorities within the Leeds Health and Wellbeing Strategy such as:

Strong engaged and well-connected communities – The Leeds 'Responding to Hate' Strategy was launched in October 2017.This reflects the objectives and aims set out in national, regional & local frameworks to prevent hate crime, increase public confidence to report hate crime and improve the response of agencies charged with tackling hate crime. The strategy is overseen by a partnership boards to address a range of complex social challenges thereby developing more cohesive, resilient and sustainable communities.

A stronger focus on prevention – The establishment of a new Safer Leeds: Street Support Team aims to significantly improve the daily focus, interventions and service delivery that is required to respond to the issues relating to street use. The team will be operational in early autumn and will have a common purpose of reducing the number of rough sleepers, safeguarding and protecting people in need, and tackling issues such as begging, criminality and anti-social behaviour in the city centre. It will see the formation of a dedicated multi-disciplinary team with specialist professional workers assigned from a number of different sectors with wider virtual teams.

The best care, in the right place, at the right time – A new alternative giving campaign for Leeds, called the Big Change Leeds, will be launched in October 2018. This is a city collaboration between Leeds BID, Leeds City Council and with support from Leeds Community Foundation. It has been created to question behaviours and raise awareness, inform and educate, and engage people in alternative ways to help those in need on the streets. Street Support presents the opportunity to both offer help and appeal for help. It connects charities, organisations and the general public with a mechanism to make donations of money, time or items.

Promote mental and physical health equality – A key priority of the Domestic Violence and Abuse Breakthrough Plan is to develop clear and defined responses to standard and medium (without crime) cases of domestic violence and abuse. In response, a pilot was undertaken in the Armley ward which aims to reduce the repeat incidents, raise the awareness levels of professionals and residents in the area so that families affected by domestic abuse at all risk levels are recognized and supported.

A valued, well trained and supported workforce – We support agencies to achieve the Leeds Domestic Violence Quality Mark, a quality assurance standard for responding to domestic violence. The aim of the Quality Mark is to ensure consistency and high minimum standards of service. All our training is free to agencies working towards the Quality Mark. In Q 1, 2018-19 11 agencies across West Yorkshire have completed the Domestic Violence Quality Mark self-assessment form and 314 professionals have received training.

How does this help create a high quality health and care system?
This will help to create a high quality health and care system through a variety of mechanisms such as:

- Invest to save – The new Street Support Team will improve the health outcomes of street users and reduce system pressure.
- Improved outcomes for individuals – The Big Change Campaign will potentially reassure people by giving them alternative means of helping people, and by giving this way it will have a more sustainable impact on individuals' lifestyles.
- Coordinated access to services – Integrated Offender Management supports a holistic approach to health and care by assisting individuals to comply with the statutory requirements of their order or licence. This includes access to drug and alcohol treatment and recovery, in particular where their reoffending behaviour is linked to their substance misuse.

How does this help to have a financially sustainable health and care system?
This helps to have a financially sustainable health and care system through:

- Demands led funding - Funding from the Office of the Police and Crime Commissioner has been prioritised and categorised according to demands and priorities as outlined in the Safer Leeds Strategy:
  - Community Safety - Creating safer, stronger communities (location)
  - DIP Drug and Alcohol Programme - Keeping people safe from harm (victim)
  - Youth Offending Service - Preventing and reducing offending (offender)
- Invest to save model - By employing preventative and early intervention approaches to support, and where appropriate using positive enforcement, alongside improved coordination of resource there will ultimately be less pressure on reactive services and aftercare; thus reducing demand on services such as adult social care, and emergency services such as Police and Ambulance.

Future challenges or opportunities
There are a number of challenges and opportunities

Increased demand/pressure for statutory services – In Leeds, total recorded crime has risen in the last three years. Furthermore, from 01 Mar-May 2018, Yorkshire Ambulance Service (YAS) 999 received a total of 219 calls from City Square, Boar Lane and Wellington Street, Leeds. 183 calls were related to drugs/alcohol/hoax/homeless, with 163 crews dispatched with 58 transfers to A&E. Principles of 'Invest to Save' will be key in addressing the sources of demand through partnership activity and community led policing, that builds trust & confidence.

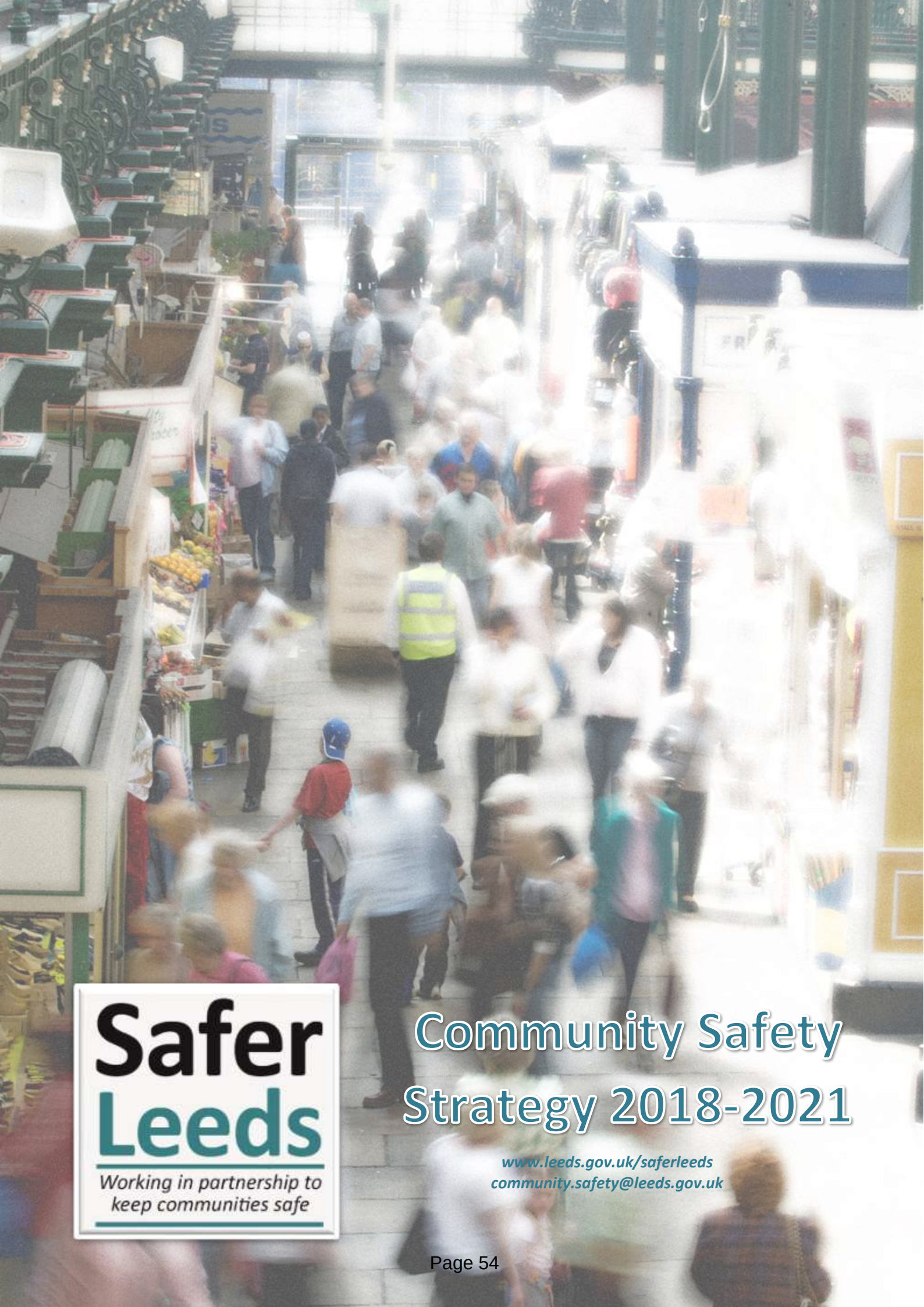
Acute Safeguarding Risks - Diverse & complex issues requires transformation in service delivery models. Locally there is a recognition that to achieve better outcomes for individuals, families and communities work across a range of bodies and service providers is required from a both a policy and practice perspective.

Partners are looking at how we can better work together with rough sleepers/beggars with the focus being to initially provide housing options/support and, if they are refused, to take enforcement action thereafter. Enforcement remains a very contentious and divisive issue, with many for and against. We want to encourage an informed debate by first ensuring that the public can see that everything possible has been done to provide support to those who are on our streets.

Health outcomes for street users - It is well documented that a sustained street lifestyle is inherently harmful to the health and wellbeing of individuals. Complex needs (e.g. mental health and substance misuse) are common amongst street users, particularly those on the edge of rough sleeping. For some, street activities such as begging, street drinking and drug taking are often linked. Being on the streets can affect an individual's decision to use drugs, or reduce the likelihood of access to treatment for physical and mental health. As a consequence these issues are compounded by acute safeguarding risks.

More collaborative work across sectors is being progressed to focus attention on these issues with a focus on prevention, early intervention and vulnerability at an individual, family and community level.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X



Safer Leeds

Working in partnership to keep communities safe

Community Safety Strategy 2018-2021

www.leeds.gov.uk/saferleeds
community.safety@leeds.gov.uk

About Leeds

Leeds is a growing city with a population estimated at 781,700 (ONS 2016), an increase of around 50,000 in the last decade. However, it is the shift in the make-up of our population at local levels that is most striking. There have been rapid demographic changes during this time, particularly in some of our most deprived communities which are the fastest growing and with the youngest age profile.

This population increase reflects the success of the Leeds economy, both within the city and in neighbouring localities. Leeds has seen the fastest private sector jobs growth of any UK city in recent years and has the largest concentration of financial and professional services and digital jobs in any city in the UK outside London. We also have one of the highest rates of business start-ups and scale-ups in the country. Leeds is a major hub for health innovation, data analytics, innovative manufacturing and knowledge-intensive jobs: for example, the University of Leeds spins out more listed companies than any other UK university, and the city experiences a "brain gain" with more undergraduates and graduates moving into the city than leaving.

Leeds is now a top five UK tourism destination, attracting over 26 million visitors a year, and was ranked fifth by the Lonely Planet in its list of the best places to visit in Europe in 2017, with the city's urban regeneration efforts and flourishing cultural scene highlighted.

However not everyone is benefiting fully from this economic success. There remain significant issues of poverty and deprivation in the city. Low pay is an increasing problem, with people caught in a trap of low pay and low skills, with limited opportunities for career progression. Our education and skills system does not work for everyone, and we need to continue to make progress in improving our schools so that they are equipping young people with the learning, attributes and awareness of opportunities they will need to succeed in work.

Looking forward, overall the prospects for economic growth in Leeds remain robust, supported by the city's skilled workforce, the growth and innovation of its firms and universities, and the progress being made with infrastructure. However, we will only fulfil this potential for growth if we sustain the progress we are making, and by taking action on areas where we could perform better. This includes tackling poverty, improving health and wellbeing, supporting greater resilience across the city, boosting housing growth and regeneration, continuing to define and express our culture, increasing productivity, attracting and retaining a skilled workforce, and enhancing transport and infrastructure.

(Source: Leeds City Council, Best Council Plan 2018-2021: Tackling poverty and reducing inequalities)

CONTENTS

FOREWORD

Welcome to our new ***Safer Leeds Community Safety Strategy (2018-21)*** which sets out our intent and what we will collectively focus on over the next three years.

After sustained periods of crime reductions both nationally and locally, crime levels have started to increase. In Leeds, we have seen total recorded crime rise in the last three years. In 2017, there were 95,011 crimes, an increase of 11.7% on the previous year. The reasons for these increases are not straight forward…yes there have been changes in how crimes are recorded but also real positive changes in the way victims are supported and encouraged to report crimes as well as improvements in recording practice. At the same time however, the nature and type of crime has also changed; cyber related crime has become more prevalent and there are a multitude of platforms that are now used to facilitate, exploit and groom vulnerable people.

Like other cities we face significant challenges and pressures. In Leeds, to tackle existing, new and emerging risks, threats and harms, we must have a collective emphasis on meeting the needs and demands of people in this dynamic city, as well as preventing future victimisation and offending; ensuring we make every contact count.

Everyone has the right to live in a safe, clean and tolerant society and everyone has a responsibility to behave in a way that respects this right. As a collective we should never be complacent as there is always room for improvement.

The need to deliver results more efficiently and cost effectively, with clear accountability, across services and agencies is key. As a partnership, we have examples of integration and co-location, but we need to continue to be ambitious and take risks to maximise all opportunities, to review and refresh where needed, and apply lessons learnt.

Knowing what success looks like is critical, as is strong leadership and accountability at every level of delivery, and this has to be clear and visible. As such, Safer Leeds Executive has undertaken a review, in terms of governance, accountability and functionality, in order to make it 'fit for purpose' and support the delivery of this strategy.

Moving forward, Safer Leeds have agreed three partnership shared priorities:

1 Keeping people safe from harm (Victim)

2 Preventing & reducing offending (Offender)

3 Creating Safer, stronger communities (Location)

The shared priorities of ***'victim, offender and location'*** are strongly connected as one impacts on the other both directly and indirectly. They also denote both a universal and targeted approach to addressing community safety issues, regardless of issue, with a recognition that to achieve the desired outcomes the emphasis has to be on ***'People and Place'***.

Finally, we would like to thank all staff and volunteers across the partnership for your continued commitment and passion to serve the people and communities of Leeds. We strongly believe we are better when we work together.

We are therefore pleased to introduce the Safer Leeds Community Safety Strategy and ask you to consider your offer in supporting and securing better outcomes for Leeds.

Kind regards

Councillor Debra Coupar
Deputy Leader of Leeds City Council and
Executive Board member for Communities

James Rogers
Director of Communities & Environment (LCC) & Chair of Safer Leeds

AMBITION

Safer Leeds is the city's statutory Community Safety Partnership, responsible for tackling crime, disorder and substance misuse.

Our Ambition

To be the best city in the UK with the best community safety partnership and services:

- *A city that is inclusive and safe for all*
- *A compassionate city that protects and safeguards the vulnerable*
- *A city that challenges and seeks to change behaviours that negatively impact on safer and cleaner streets.*

Our Outcome

➲ ***People in Leeds are safe and feel safe in their homes, in the streets, and the places they go.***

Accountability

The Safer Leeds Executive has a statutory requirement to:

- Establish information sharing arrangements
- Produce an annual Joint Strategic Assessment
- Prepare and implement a Plan
- Produce a strategy to reduce reoffending
- Be responsible for establishing Domestic Homicide Reviews and applying learning
- Be responsible for establishing anti-social behaviour reviews and applying learning
- Regular engagement and consultation with the community

Recognising that no single agency can address these complex risks, threats and harms alone, the following are committed to working collectively through the Safer Leeds Executive in line with agreed terms of reference and information sharing protocols.

Responsible Authorities

Leeds City Council; West Yorkshire Police; West Yorkshire Fire and Rescue Service; National Probation Trust and Leeds Clinical Commissioning Group

Co-operating Bodies

Voluntary & Community Sector, West Yorkshire Community Rehabilitation Company; HM Prison Service, Leeds Children's Trust Board; Leeds Health and Welling Board, Leeds Safeguarding Adults Board and Leeds Safeguarding Children Board.

Safer Leeds aims to serve all members of its communities, giving due regard to implications for different groups to ensure people are not excluded or disadvantaged because of Age, Disability, Gender, Race, Religion and Belief, or Sexual Orientation.

Record of achievements

Leeds is proud of its strong record of partnership working, which was embedded as part of the Crime and Disorder Act (1998) and subsequent legal enhancements.

Reassurance

85% of people feel safe in their neighbourhoods

Source: 'Your View' OPCC

People

Places

Partnerships

Critical Themes & Issues

A number of reoccurring ***themes and issues*** were identified when combining results from consultation with the annual Joint Strategic Assessment, these are summarised below:

- **Violent Crime:** on-street violence and knife/ gun crime; online harassment and abuse; alcohol related violence.
- **Sexual Crime:** sexual violence and abuse; registered sex offenders.
- **Domestic Violence and Abuse:** high levels of reported repeat domestic abuse; threats of escalation and increased violence; risks and vulnerabilities among families often linked to vulnerable children, substance misuse, financial pressures and housing conditions.
- **Vulnerability and Exploitation:** coercive sexual and criminal exploitation; organised exploitation/ trafficking; street users; missing persons; high levels of demand impacting on services and responses.
- **Serious and Organised Crime:** organised crime groups; street gangs; stolen goods markets; perpetrators operating across different offence types; fluid and flexible offending patterns; use of violence and intimidation to maintain control of individuals and/ or areas.
- **Offending Behaviours:** re-offending; ingrained behaviours exacerbated by mental health and substance misuse; prolific offenders linked to various crimes; new or changing offending patterns; youth and "upcoming" offenders.
- **Community Tensions:** radicalisation and extremism; hate crime; youth related nuisance; neighbourhood ASB; varying levels of tolerance and willingness to report
- **Community Crime:** social and environmental impact on communities and feelings of safety; prolific levels in some localities; opportunistic stealing; lack of victim empathy; impacts of acquisitive crime on residents and businesses.
- **Illegal Drugs:** cannabis production and supply; new and emerging substances (NPS); Class A drug use; open drug markets, related crime and disorder; health impacts and deaths

It is clear that:

- These complex issues interrelate and interlink with wider social and economic determinants
- All have 'Victim-Offender-Location' basis and
- All provide clarity for defining outcomes and measuring progress

These findings have helped shape the partnerships priorities for Leeds; will inform the development of delivery plans and the commissioning of activity.

SHARED PRIORITIES (2018-21)

Safer Leeds has agreed the following shared priorities for the next three years (2018-21):

1 Keeping people safe from harm (Victim)

2 Preventing & reducing offending (Offender)

3 Creating Safer, stronger communities (Location)

Focussing on the following:

- Anti-social behaviours and criminal exploitation
- Crime and disorder related to drugs, alcohol and mental health
- Hate crime and community tensions
- Safeguarding including domestic violence and abuse, forced marriage and honour based abuse and modern slavery
- Serious and organised crime

In addition, Safer Leeds will work with and support other partnership boards and delivery groups on the following issues:

- Community cohesion ~ including extremism and radicalisation
- Other relevant Safeguarding issues pertinent to crime and disorder
- Pupil/ Student Safety
- Safer Travel/ Road Safety

We will consider opportunities to:

- Take action at a local level
- Support victims and witnesses
- Protect those with complex needs
- Support individuals to change damaging or risky behaviours
- Engage and involve people, to influence and shape response

➲ KEEPING PEOPLE SAFE FROM HARM

Shared Priority I:

Keeping people safe from harm (Victim)

What does this mean?

We want all people who live, work and socialise in Leeds to be safe and feel safe.

This priority is at the heart of the work that all partner agencies do. The increases in demand for services relating to crime and wider anti-social behaviour issues can cause considerable distress to people, can be damaging and can escalate into more serious behaviours. People who come into contact with services may have multiple and complex needs so having a person-centred approach and improving our collective response is fundamental.

It is about:

- ❖ Protecting people who are victims of crime or at risk of being victimised and safeguarding the most vulnerable from harm
- ❖ Preventing people from being victims and/ or being exploited
- ❖ Promoting feelings of safety and confidence in policing and community safety, building resilience for individuals, families and communities

During the next 3 years we will work collectively to:

- ✓ *Deliver effective services, which are well informed (insight gained from integrated intelligence and voice of the service user), that are person-centred with an emphasis on earlier identification, help and intervention*
- ✓ *Raise awareness of associated risks and threats to victims/ potential victims, giving people increased confidence to report, ensuring the provision of services supports victims to cope and/ or recover*
- ✓ *Train front line workers from different services to help them identify those people most at risk from harm, recognising actual signs and potential signs, so allowing earlier interventions to put in place*
- ✓ *Utilise restorative approaches with offenders so they understand the human impact of their crimes and to help victims to recover*
- ✓ *Improve our collective response to ASB and hate crime by working with communities, supporting victims, challenging prejudice, and sharing best practice*
- ✓ *Support and Implement a range of programmes to reduce rough sleeping and begging, addressing needs by listening to the voice of service users*
- ✓ *Increase the support available for victims of Modern Slavery and Trafficking through the provisions of advocates to provide direct support, enhancing pathways and capacity, and increase intelligence to re-trafficking and repeat victimisation*

➲ PREVENTING AND REDUCING OFFENDING

Shared Priority II:
Preventing & reducing offending (Offender)

What does this mean?

We want people who commit crime and anti-social behaviour to change their negative behaviour.

This priority is fundamental to keeping people safe and is central to the work of services working for and linked to the criminal justice system. Offending takes many forms from anti-social behaviour, acquisitive crime, through to violence and organised crime. For those causing harm, there are and should be appropriate consequences including custodial sentences, offender management programmes and supervision in the community. People who offend, reoffend or who are at risk of first time offending do so for a host of different reasons but it's their behaviour that has a direct impact on their victims, their families and communities, and ultimately themselves.

It is about:

- Preventing acts of anti-social ad criminal behaviour, using a Think Family/ Work Family approach
- Problem solving justice, across services and with individuals, families and communities
- Intervening early to reduce escalation of offending
- Rehabilitating offenders to build public confidence

During the next 3 years we will work collectively to:

- ✓ *Improve understanding of the drivers and motivators for offending and re-offending behaviour, acting on prohibitors for desistance and obstacles preventing offenders to move on in their lives, by working across children and adult offender management services*
- ✓ *Resolve anti-social behaviour at the earliest opportunity and to prevent escalation and reduce the impact of such behaviour on individuals, families and communities*
- ✓ *Continue to support and enhance liaison and diversion schemes to ensure people who end up in custody are given help and support to reduce their offending behaviour*
- ✓ *Commission a flexible and intelligence led Integrated Offender Management (IOM) intensive support service, responding to the changing landscape of criminal justice; directing and coordinating partnership resources through IOM arrangements*
- ✓ *Reduce the number of first time entrants into the criminal justice system, utilising existing pathways and exploring new ways of preventing and diverting young people*
- ✓ *Reduce the number of Black, Asian and Minority Ethnic (BAME) individuals entering the criminal justice system, improving their treatment and outcomes*
- ✓ *Reduce the number of women entering the criminal justice system using a problem-solving approach to address their offending behaviour and rebuild their lives*
- ✓ *Direct and coordinate partnership initiatives through the Reducing Offending Board in respect of key themes including, drug and alcohol misuse, mental health and accommodation*

Shared Priority III:
Creating safer, stronger communities (Location)

What does this mean?

We want Leeds to be a compassionate and caring city with a strong economy, which tackles poverty and reduces inequalities.

This priority is fundamental to the city's vision of being welcoming, fair, sustainable, ambitious, creative and fun for all. Within the growing demands of crime and disorder there is a requirement to focus resources in the right place and the right time. Having a place-based approach that is still centred on people, be that a geographical locality or a community of interest, regardless of the issue.

It is about:

- Building resilient communities, supporting those in most need as well as ensuring all people are empowered to help themselves
- Strong local leadership, increasing community conversations to resolve problems and conflict locally, raising aspirations, creating better links to social and economic opportunities
- Protecting the places where people live, socialise, travel to or work from, creating safer and cleaner streets
- Promoting feelings of safety and confidence in policing and community safety

During the next 3 years we will work collectively to:

- ✓ *Enhance the partnership operational delivery models; adopting a place-based approach which is centred on people and incorporates integrated intelligence to provide insight to problem solving and enables increased early intervention and prevention activity*
- ✓ *Continue to utilise designing out crime principles to make places and premises less vulnerable to crime and develop sustainable local solutions to protect public spaces*
- ✓ *Work with communities to break down barriers that exist to prevent, identify and report crime that may be hidden because of fear and/ or intimation giving them a voice to help shape and continue to solutions*
- ✓ *Raise awareness of existing, new and or emerging risks or issues through active awareness programmes and campaigns*
- ✓ *Improve services by engaging with people, communities of interest and businesses to understand their perceptions and experience of policing, community safety and criminal justice system*
- ✓ *Seek further opportunities aimed at keeping people safe as part of the day, evening and night time economy plans*
- ✓ *Listen to and work with people with lived experience to shape and improve service response*

KEY DELIVERABLES ~ I (YEAR 1)

Safer Leeds will continue to ***improve current core services*** but we will also focus on programmes and projects that help us move closer to our desired outcome; ***additional*** partnership deliverables here include:

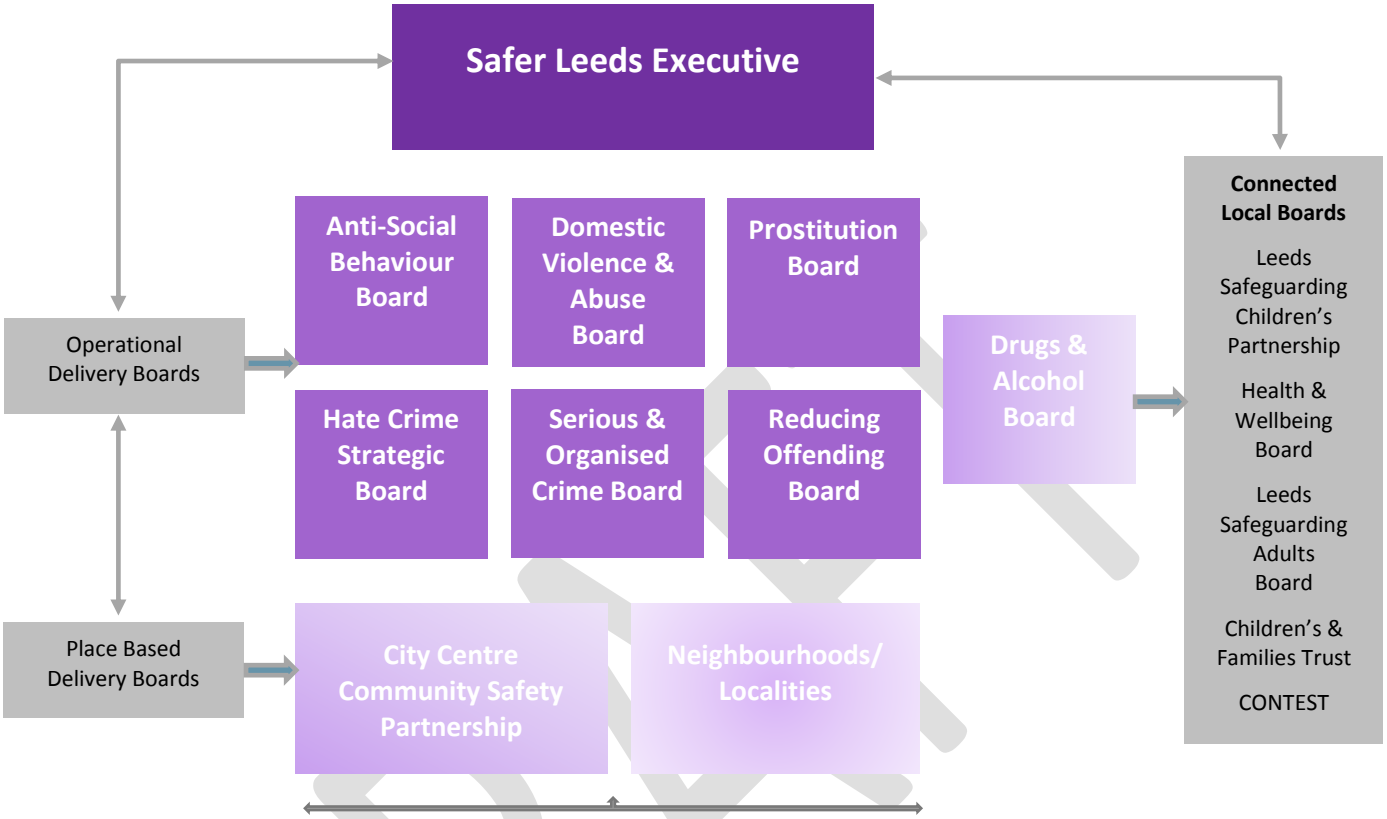
Focus on Innovation & Activity Victim, Offender, Location	**Ascribed Primary Lead**
Anti-social behaviours and criminal exploitation	
➲ Undertake a review of the Leeds Anti-Social Behaviour Service to ensure our response effectively meets the changing demands of ASB within the city and communities	LCC Community Safety
➲ Strengthen links and support the Leeds Safer Road Steering Group, educating schools, sharing knowledge and risk recognition/management initiatives	WY Fire & Rescue
➲ Develop a blended approach to CCTV surveillance by progressing modernisation projects across Leeds	LCC Community Safety
➲ Introduce situational crime prevention programmes in tower blocks such as a concierge system to address ASB and reassurance tenants	LCC Housing
➲ Utilisation of regulative and enforcements powers as part of joint operations	LCC & WYP Licensing
➲ Promote meaningful alternatives to 'gangs' through education, training and employment and mentoring opportunities as well as developing diversion activities for young people	WYP & LCC Communities
Domestic violence and abuse	
➲ Refresh our partnership Front Door Safeguarding Hub model, making best use of partnership resources, to provide more effective responses to victims and perpetrators of domestic violence and abuse	LCC Community Safety and Children & Families
➲ Implement a multi-agency action plan to develop our responses to honour based abuse and forced marriage; focussing on raising awareness, developing clear pathways and protocols	LCC Community Safety
➲ Develop and test locality based responses to domestic violence working within the 6 LCC priority neighbourhoods	LCC Community Safety
➲ Undertake a pilot development programme to ensure that the profession of social work is as adept at working with victims as well as abusers, with individuals who are abusive in relationships	LCC Adults & Health
Hate crime and community tensions	
➲ Explore opportunities to increase and strengthen hate crime reporting centres in a range of community based settings, educational establishments and businesses (e.g. transport exchange)	LCC & VCS
➲ Develop a community tensions framework and toolkit to ensure consistent methodology and approach to sharing and developing solutions	Safer Leeds
➲ Undertake tailored and targeted campaigns with identified communities of interest in conjunction with services, building previous work as part of the Hate Crime Awareness Week	Safer Leeds
➲ Following the review, implement new processes and procedures for Hate Crime Multi-Agency Risk Assessment Conference (MARAC)	LCC Community Safety
➲ Community cohesion and tackling extremism (e.g. by working with the Communities Service to develop more cohesive and resilient communities, tackle all types of extremism and safeguard those most vulnerable to radicalisation)	LCC Communities

KEY DELIVERABLES ~ II (YEAR 1)

Focus on Innovation & Activity Victim, Offender, Location	Ascribed Primary Lead
Impact of drugs, alcohol and mental health	
➲ Publish and implement a new drug and alcohol strategy for the city; including developing our partnership information sharing capability to better understand and respond to emerging threats and harms	LCC Adults & Health
➲ Develop new ways of working to respond better to 'street based' drug use and reduce impact on services and public perceptions	LCC Adults & Health
➲ Develop new approaches to address problems associated with excessive 'street drinking' and exploring the potential for alcohol recovery centres and other initiatives to protect individuals and reduce demand places on emergency services	LCC Adults & Health
➲ Ensure mental health professionals support the police and provide better response to people in distress and who need assistance	WYP Safer Leeds Partnership & CCG
Serious and organised crime	
➲ Strengthen existing and new partnership arrangements to improve the gathering of information and intelligence on known organised crime groups; introducing partnership network analysis to provide insight and inform response	WYP & Safer Leeds
➲ Implement new operational approaches to tackle organised crime groups, utilising a combination relentless disruption techniques; taking criminal, civil and regulative action	WYP & Safer Leeds
➲ Devise and introduce creative ways to support and build community resilience, in collaboration with trusted partners, the voluntary and community sector and community leaders; in line with agreed communications and engagement plans	WYP Safer Leeds
Place-Based Operational Delivery	
➲ Further develop locality based community safety approaches, in line with the principles of neighbourhood policing	WYP Safer Leeds Partnership
➲ Deliver 'Safe and Well' visits to vulnerable members of the community and develop targeted mentor schemes	WY Fire & Rescue
➲ Implement a universal offer and targeted programmes following the review of the Safer Schools Partnership	WYP Safer Leeds Partnership
➲ Pilot a new systems change programmes via an 'Early Help/ Early Intervention Hub' linking identification of children and young people at risk and offer practical support to families to change behaviours and achieve better outcomes	LCC Children & Families
➲ Continue to co-ordinate and develop responses to reduce the impact and harm of street based sex work; including developing a better evidence base to monitor issues and measure effectiveness of interventions	WYP Safer Leeds Partnership
➲ Undertake a review of the city centre CSP, with an emphasis on people, places and premises to support community safety and linked service/ partnership delivery	LCC Community Safety
➲ Establish a dedicated multi-agency Street Support Team (Phase I) working with the VCS, statutory services and the business sector to support and reduce the number of street users and address associated street activity	LCC Community Safety
➲ Work with service users through effective 'in-reach work' for those who may be homeless, in need and/ or at risk of reoffending to ensure appropriate housing provision is assigned and 'wrap around' services are available and accessible be to meet presenting needs	VCS, CRC, YOS, Prison Service & Hospitals, LCC

GOVERNANCE

To support and manage the delivery of this strategy, Safer Leeds Executive has undertaken a review and refreshed its governance and accountability arrangements including: a) detailing the membership, function and roles of the Executive as described in a new terms of reference b) agreed its operational and placed-based delivery boards and c) outlined its connection with other significant local boards.



Safer Leeds Executive, consists of officers from the 'Responsible Authorities' and 'Co-operating Bodies', and includes political representation from the Lead member for Community Safety and co-opted local representation from the West Yorkshire Police Crime Panel.

Operational Delivery Boards, are chaired by a member of Executive reporting on progress, risks or threats as part of their duties. Below these there are sub groups and/ or where appropriate Task and Finish Groups.

Place Based Delivery Boards, are chaired by a member of Executive or assigned to a Lead Supporting Officer, reporting on progress, risks or threats as part of their duties.

Steering/ Task & Finish Groups, this includes multi-agency groups working on Honour Based Violence & Abuse/ Forced Marriage; Modern Day Slavery and Human Trafficking. Plus time limited groups working on communication and engagement campaigns.

Connected/ Significant Boards, play a significant role in contributing to Safer Leeds shared priorities and at least one person from the Executive is a member of these Boards, to ensure synergy, at a strategic and operational level.

In addition, this strategy links to other strategic plans, priorities and other Boards, including alignment to and contributing directly to West Yorkshire's Police and Crime Plan.

Community Safety Champions, these are elected members, assigned at a community committee, who 'champion' the work of Safer Leeds through their activity with local people in their constituency and with local service providers.

Funding

The work of Safer Leeds is primarily funded by mainstream resources of each organisation and work 'in-kind' and other grants where bids for additional funding are secured. The Police and Crime Commissioner allocates supplementary funding on an annual basis.

Safer Leeds

Working in partnership to keep communities safe

Plan-on-a-Page 2018/19

Outcome

People in Leeds are safe and feel safe in their homes, in the streets, and the places they go.

Ambition

To be the best city in the UK with the best community safety partnership and services

Our Focus

People & Place

- Anti-social behaviours & criminal exploitation
- Crime and disorder related to drugs, alcohol and mental health
- Hate crime and community tensions
- Safeguarding Inc. domestic violence & abuse, forced marriage & honour based abuse and modern slavery
- Serious & organised crime

Our Shared Priorities

What we will do?

1 Keeping People Safe from Harm (Victim)	2 Preventing & Reducing Offending (Offender)	3 Creating Safer, Stronger Communities (Location)
Undertake a Review of the Leeds Anti-Social Behaviour Service	Reduce the number of first time entrants into the criminal justice system	Implement a universal offer and targeted programmes following the review of the Safer Schools Partnership
Refresh our partnership Front Door Safeguarding Hub model	Commission a flexible and intelligence led Integrated Offender Management intensive support service	Establish a dedicated multi-agency Street Support Team
Increase and strengthen hate crime reporting centres	Implement new operational approaches to tackle organised crime groups	Devise and introduce creative ways to support and build community resilience
Develop and test locality based responses to domestic violence and abuse	Publish and implement a new drug and alcohol strategy	Pilot a new systems change programme via an 'Early Help/ Early Intervention Hub'

How will we do it?

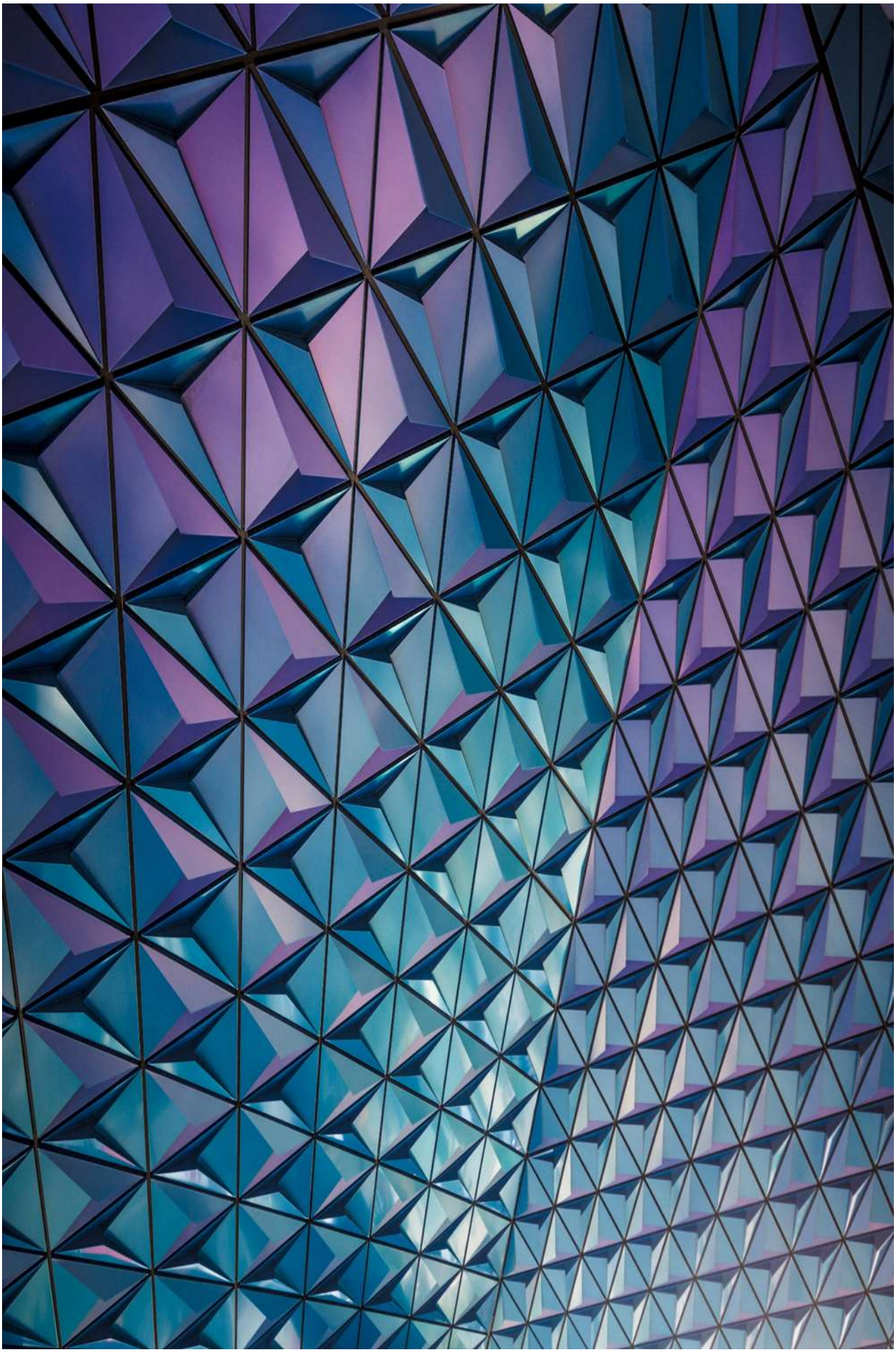
Our Approaches ~ Based on People & Places

- **Integrated Intelligence & Identification**
- **Early Intervention & Prevention**
- **Education, Engagement & Enforcement**
- **Building Community Resilience & Public Confidence**

How will we measure progress?

Key Indicators

- People feel safe in their local area
- Public satisfaction & confidence
- Volume of total recorded crime
- Reported anti-social behaviour/ nuisance
- Number of hate related incidents
- Number of self-reported domestic violence and abuse incidents
- Volume of violent and sexual offences recorded
- Drug related (TBC)
- Alcohol related (TBC)
- Re-Offending (TBC)



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Leeds Health and Wellbeing Board

Report author:
Tony Cooke /Rachael Loftus

Report of: West Yorkshire and Harrogate Health and Care Partnership

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: West Yorkshire and Harrogate Health and Care Partnership Update – a Memorandum of Understanding

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

In October 2017 the joint senior management of the organisations in the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) proposed that a Memorandum of Understanding (MoU) should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

A working group from across NHS and Local Government have worked to draft the language of the MoU and significant negotiations have taken place between partners and sectors to achieve a consensus on the proposed draft pending final agreement – so that it best reflects the ambitions and realities of all partners involved.

The MoU is proposed as a formal agreement between WYH health and care partners which includes many of the Leeds Health and Wellbeing Board members. The proposed MoU is not a legal contract but it is a formal agreement to continue working together in partnership to deliver better health and care outcomes across the WYH area.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the text of the Memorandum of Understanding that will be issued as a supplementary appendix.
- Make a recommendation to Leeds Health and Wellbeing Board members on whether to sign up to the spirit and letter contained in the Memorandum of Understanding.

1 Purpose of this report

1.1 To outline that a Memorandum of Understanding has been developed and will be shared with the Health and Wellbeing Board prior to the meeting.

2 Background information

2.1 Leeds has been part of the WYH HCP since its inception as a Sustainability and Transformation Plan in March 2016.

2.2 In May 2018, WYH HCP was one of four areas to be invited to part of the Integrated Care System (ICS) development programme. Being a Shadow ICS is about helping the partnership to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This would mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of the funds and decisions. Additional funding has already been secured for 2018/19 and a further two years funding is likely.

2.3 In Leeds, the Health and Wellbeing Strategy 2016-2021 continues to guide our efforts to improve the health and care system – it has ambitious goals for Leeds to be the Best City for Health and Wellbeing and to improve the health of the poorest the fastest. These principles guide our involvement in the West Yorkshire Partnership and our engagement with central government and NHS England.

3 Main issues

3.1 In October 2017 the joint senior management of the organisations in the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) proposed that a Memorandum of Understanding (MoU) should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

3.2 The MoU is pitched as a formal agreement between WYH health and care partners. A working group from across NHS and Local Government have worked to draft the language of the MoU and significant negotiations have taken place between partners and sectors to achieve a consensus on the proposed draft pending final agreement – so that it best reflects the ambitions and realities of all partners involved.

3.3 In order for all signatory partners to have had a full opportunity to comment on the draft text – the final version of the Draft Memorandum of Understanding will not be publically circulated until after the 31st August.

3.4 We will publish the Memorandum of Understanding as a supplementary appendix as soon as possible and paper copies will be available at the Health and Wellbeing Board meeting.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 At this stage there are no consultation, engagement of hearing citizen voice implications for the Health and Wellbeing Board specifically relating to the MoU. Following the founding principle of the WYH HCP – it is up to each individual member to engage with their own stakeholders and constituencies and advocate for them in the Partnership arena.

4.2 Equality and diversity / cohesion and integration

4.2.1 At this stage there are no equality, diversity or cohesion and integration implications for the Health and Wellbeing Board specifically relating to the MoU.

4.3 Resources and value for money

4.3.1 At this stage there resources and value for money implications for the Health and Wellbeing Board specifically relating to the MoU – as this responsibility is held with each of the organisational signatories.

4.4 Legal Implications, access to information and call In

4.4.1 At this stage there are no legal, access to information or call in implications specifically relating to the MoU.

4.5 Risk management

4.5.1 At this stage there are no significant risk implications for the Health and Wellbeing Board specifically relating to the MoU. Individual signatories are expected to manage their risks according.

5 Conclusions

5.1 The MoU has been drafted over a number of months by partners, including many of the Leeds Health and Wellbeing Board members, to try and describe the robust and collaborative set of arrangements for deliver our aspirations for health and care across West Yorkshire and Harrogate.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Consider the text of the Memorandum of Understanding that will be issued as a supplementary appendix

- Make a recommendation to Leeds Health and Wellbeing Board members on whether to sign up to the spirit and letter contained in the Memorandum of Understanding.

7 Background documents

None.

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Leeds Health and Wellbeing Board

Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?
The aspiration of the MoU would be to achieve this through the agreement of signatories that a key focus on working in partnership is to reduce inequalities and through partners working more closely together, provide the opportunity to target greater resources and support to improving the health of the poorest fastest.

How does this help create a high quality health and care system?
The aspiration of the MoU would be to achieve this through establishing a robust partner agreement that commits partners to working and behaving more like a single high quality system.

How does this help to have a financially sustainable health and care system?
The aspiration of the MoU would be to achieve this through establishing a robust partner agreement that commits partners to working together and behaving more like a single high quality system – the opportunities to develop mutual accountability, reduce duplication and attract greater resources to the system.

Future challenges or opportunities
The intention in the development of the MoU is a significant step forward towards partners meeting their joint ambition of a truly integrated and world class system, however delivering on that promise will continue to require significant effort and capacity from every partner in the system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

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Leeds Health and Wellbeing Board

Report author: Debra Taylor-Tate

Report of: System Resilience Assurance Board

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: Leeds System Resilience Plan

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The purpose of the report is to provide the Health and Wellbeing Board (HWB) with an overview of the approach used to develop the Leeds System Resilience Plan. The plan has been developed to demonstrate the system's commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds. This will be achieved through:

- embedding foundations to improve our system to support us in dealing with the challenges of winter 2018/19 (e.g. improving discharge decision making)
- implementing a robust system approach to manage surges in demand that disrupt the flow of people through the system, including agreed mutual aid actions
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- providing assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

Recommendations

The Health and Wellbeing Board is asked to:

- Provide feedback and comment on our approach to developing the Leeds System Resilience Plan

1 Purpose of this report

1.1 The purpose of the report is to provide HWB with the approach used to develop the Leeds System Resilience Plan (Appendix 1). The plan has been developed to demonstrate the system's commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds.

2 Background information

2.1 Delivering robust, high quality and safe services to our population this winter and beyond is key to improving the health and wellbeing of our population. Variation in the demands across a health and care economy occurs throughout the year though experience informs us that winter months pose significant challenges. The demand for unplanned health and care services continues to rise due to many factors including:

- Ageing, diverse and deprived populations
- People's expectations, immediacy of service
- Unclear what services they should access for what health and care issues
- Ability to access services
- Lack of information and education
- Siloed services

2.2 Furthermore, system flow and discharge have proved challenging over the last 3 years for the Leeds system. Congested flow compromises the delivery of services, system performance and leads to delays which can have an impact on the people's recovery and return to independence.

2.3 To ensure we continue to deliver quality, safe and responsive services Leeds needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances as well as develop a strategy to transform our system for the future. The Leeds System Resilience Plan has been developed with this aim demonstrating the systems commitment to the recovery, management, sustainability and the transformation of the unplanned health and care system in Leeds. This will be achieved through:

- embedding foundations to improve our system to support us in dealing with the challenges of winter 2018/19 (e.g. improving discharge decision making)
- implementing a robust system approach to manage surges in demand that disrupt the flow of people through the system, including agreed mutual aid actions
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- providing assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

2.4 Whilst we acknowledge that there are many variables outside of the control of our approach and the contents of the plan we want to provide assurance that we have

taken a holistic approach in developing the plan and the initiatives contained within (e.g. housing has an impact on people's lives and may be a factor in them accessing health and care services).

3 Main issues

3.1 The aim of all of our improvements and developments contained within the Leeds System Resilience Plan is to support a resilient system and ease the pressure experienced by our staff and ultimately our services users while improve our emergency departments.

3.2 It is acknowledged that the previous resilience/winter plan was lengthy with over 30 action points and proved difficult for the system to maintain oversight and manage progress. The Leeds System Resilience Plan 2018/19 will aim to address this considering the short term operational and the longer term strategic elements of system partnership working through three areas:

- Leeds System Recovery actions including recommendations for improvement from recent events and diagnostic exercises from Newton Europe
- Winter planning, incorporating our learning from last winter
- Leeds Health and Care Plan – Unplanned Care Rapid Response strategy: our commitment to deliver long term strategic and transformation plans.

3.3 Recent events and diagnostic exercises across the health and care system have identified key areas of focus to ensure we lay the foundation for recovery across our services during 2018/19.

3.4 We will engage our front line stage ensuring they are at the heart of the proposed operational and behaviour changes needed to ensure sustainability over winter and especially at times of extreme pressure. This will include facilitating a system wide culture change to support cross organisational working to provide seamless pathways and improved outcomes for our population.

3.5 By embedding the foundations for change throughout this winter we will be in a better position going forward for future winters and the success of the longer term transformational proposals.

3.6 Longer term we are transforming our unplanned heath and care landscape to make it easier for people to understand and access the right services at the right time. This will see the development of integrated services that will navigate people to the right advice and or services, including the re-procurement of the 111 service. In addition we will introduce Urgent Treatment Centres across the city that will standardise and enhance the offer for urgent care including access to diagnostics.

3.7 To track progress there will be a high level set of improvement metrics to provide an overarching view of the impact our actions are having on system flow, a shift in care provision and the achievement of key of performance targets. Indicators are as follows:

Urgent Care Demand	• Community based urgent care • A&E attendances
Acute Flow	• Emergency Care Standard (4 Hour A&E target) • Non-elective admissions • Super stranded patients (patients in an acute bed longer than 21 days) • Delayed Transfer of Care • Number of patients in non-designated areas
Home First Strategy	• Discharges from LTHT to: o Reablement o Community Care Beds o New long term placements (residential and nursing) o Packages of care • Community measure to track admission avoidance (TBC)

3.8 We acknowledge that to achieve this, strong leadership, commitment to support changes in culture and behaviour and adopt an integrated approach to service delivery with clear jointly owned governance processes is essential.

3.9 A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual strategic, winter and service development plans, along with business continuity and major incident plans monitored through their own boards and contracts. There are a number of partnership boards, groups and forums working on the Leeds System Resilience Plan to support the leadership and co-ordination across our system and ensure accountability and governance. Each hold key roles in the development and progress of the plan.

3.10 Reporting through to the Partnership Executive Group (PEG) accountability for the plan lies with the System Resilience Assurance Board (SRAB) with operational responsibility held by the Operational Resilience Group (ORG).

3.11 We have set clear timescales and governance expectations regarding the submission, ratification and support for the plan. Table 1 set out the key activities to ensure compliance with these timelines by SRAB and the wider system.

Currently, all activities to date have been completed.

Table 1- Leeds System Resilience plan timeline

Date	Activities
04/07/2018	Organisational winter plan updates
18/07/2018	Submission of the draft Leeds System Winter Plan to NHSE
19/07/2018	HWB: Board to Board update on Leeds system plans
24/07/2018	Newton Europe feedback summit 1- including action planning
25/07/2018	CCG Unplanned Care Strategy & Leeds System Winter Plan to CCG Governing Body
25/07/2018	3rd Regional Action on A&E event – Leeds project Multi-Agency Discharge Team
02/08/2018	ORG workshop – joint system capacity planning
16/08/2018	SRAB Meeting- Leeds System Winter plan stocktake
17/08/2018	Feedback from NHSE on the Leeds System Winter Plan
04/09/2018	ORG Meeting – Winter plan scenario testing
05/09/2018	Health and Wellbeing Board
07/09/2018	Partnership Executive Group meeting
11/09/2018	Newton Europe 2nd Summit
13/09/2018	4th Action on A&E event Leeds project Multi-Agency Discharge Team
19/09/2018	SRAB Meeting - sign off Leeds System Winter Plan

3.12 In addition, Table 2 below identifies the members the Leeds Winter Operational Team. All hold senior positions with seniority to commit resources and as members of SRAB are instrumental in the co-ordination of our system. In addition, all lead on work streams within plan.

Table 2 - Winter Operational Team

Requirement	Organisation	Personnel	Title
A senior representative from the acute trust	Leeds Teaching Hospital Trust (LTHT)	Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive
A senior manager responsible for UEC in the CCG	NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Local Authority Social Care Director – nominated by the Local Authorities	Leeds City Council	Shona McFarlane	Deputy Director, Social Work and Social Care Services.
Community Provider Senior Operational Lead	Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 We have an engagement plan that will cover all aspects of our strategic proposals, which we are working through with all stakeholders including councillors, HWB and patient forums. Furthermore, there are robust communication and engagement plans in place around:

- Winter campaign (e.g. Keep Warm, flu, etc.)
- Consistent system messages aligned to the escalation and system pressures
- Engagement and consultation regarding the transformation of services

4.1.2 To date we have engaged with local councillors and Scrutiny Board (Adults, Health and Active Lifestyles) to discuss the proposals for Urgent Treatment Centres across the city and the benefits this will bring to our population and health and care system.

4.1.3 Furthermore, engaging with our citizens has included our hard to reach and most deprived populations to support their choices in accessing health care especially over winter where we know their needs can be greater.

4.2 Equality and diversity / cohesion and integration

4.2.1 To ensure we have taken all of our populations groups into consideration throughout our longer term planning, the following assessments will be conducted:

- equality impact assessment
- quality impact assessment
- privacy Impact Assessment
- full risk assessment
- sustainability assessment

4.3 Resources and value for money

4.3.1 The financial plans associated with all aspects of the plan are currently being finalised (for winter aspects these should be finalised for September).

4.4 Legal Implications, access to information and call In

4.4.1 There is no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 Leeds continues to take collaborative and proactive approach to planning for those predictable, unpredictable and longer term challenges that face our health and care system.

5.2 Our plan provides assurance that there are agreed system wide initiatives in place that address both the short and long term priorities across the Leeds health and care system. There are clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care and maximise resources. We will ensure that we have measurable benefits in place to demonstrate the impact for the people that access our services and their families and carers as well as to our system.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Provide feedback on the approach of the Leeds System Resilience Plan

7 Background documents

None.

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How does this help reduce health inequalities in Leeds?
The Leeds System Resilience Plan will ensure that there is equal access of people who require urgent health and care services. Longer term, Urgent Treatment Centres will ensure a standardised offer to make it easier for people to know where to go and what to expect.

How does this help create a high quality health and care system?
Partnership working to maximise resources and enhance capabilities across the system will support quality improvement across all areas of the health and care system

How does this help to have a financially sustainable health and care system?
Creating integrated services and increasing the opportunities to maximise peoples' independence will support the shift of care into the community.

Future challenges or opportunities
There are huge opportunities for the transformation of the unplanned health and care landscape. We need to embed the foundations for change and ensure we maintain the momentum by engaging our frontline staff.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Leeds System Resilience Plan 2018- 19 Summary

Version Control

Date	Version	Status
28 Aug 2018	2	Final

Document Maintenance

Document Name:	**Leeds Health and Care System Resilience – Winter Plan2018/19**
Author:	**Debra Taylor-Tate** **Jenny Baines**
Plan Co-ordinator	**Nicola Smith**
Plan Owner:	**Leeds System Resilience Assurance Board**
Agreed / Ratified :	
Issue Date:	
Review Date:	
Storage – Paper	
Storage – Electronic Copy:	

Control

This a controlled document maintained by the Unplanned Care Team within Leeds Clinical Commissioning Group (CCG) on behalf of the Leeds System Resilience Assurance Board.

Version Control Sheet

This plan is an evolving document and is anticipated to change through the year as different pressures and learning becomes apparent. Any changes should be documented here to ensure robust version control.

Version	Date	Author	Changes
1			
2			
3			
4			

5			
6			
7			
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9			

Distribution

An electronic version of this plan is distributed to all members of the Leeds System Resilience Assurance Board and partners across associated organisations.

Organisations involved in developing the plan

The contribution by members of the Leeds health and Care system:

Leeds Clinical Commissioning Group [CCG]
Leeds Teaching Hospital Trust [LTHT]
Leeds City Council - Adult Social Care [ASC]
Leeds Community Healthcare Trust [LCH]
Leeds and York Partnership Foundation Trust [LYPFT]
Yorkshire Ambulance Service [YAS] – 111 and 999
Local Care Direct [LCD]
One Medical Group [OMG]
Primary Care – GPs [as providers of Primary Care services]
Leeds City Council – Emergency Planning
Leeds City Council – Public Health
NHS England – Area Team
Third Sector Providers

1. Introduction -

Variation in the demands across a health and care economy is normal and occurs throughout the year though experience informs us that winter months pose significant challenges. Leeds Health and Social Care economy needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances to ensure we continue to deliver quality, safe and responsive services for their population.

It is acknowledged that last year's resilience/winter plan was over lengthy with over 30 action points, this proved difficult for the system to maintain oversight and manage progress.

The 2018/19 Leeds System Resilience Plan (LSRP) will compile of three elements:

- Leeds System Recovery actions including Newton Europe recommendations for improvement
- Winter planning, incorporating our learning from last winter
- Leeds Plan- Unplanned Health and Care our commitment to deliver long term strategic and transformation plans.

Our aim is to ensure that through our plan we can demonstrate that we prepared by:

- embedding foundations to improve our system to support us to deal with the challenges of winter 2018/19
- implementing a robust system approach to manage surges in demand and mutual aid
- sustaining and continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- provide assurance to NHS England and NHS Improvement against the national Key Lines of Enquiry for winter 2018/19
- demonstrating a committed clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

We acknowledge that this can only be achieved by working as a system with strong leadership, an integrated approach to service delivery and clear jointly owned governance processes. Operational pressures affecting one or more partner, irrespective of cause, need to be anticipated and managed by building on robust system wide coordination and partnership.

Partners will be consulted throughout its development and the ongoing management to ensure the plan reflects the complexity of a joint health and care system.

The overarching principle of the plan has been carried through from last year:

> '*that the outcomes will only be achieved through a collaborative approach to the inputs' therefore responsibility and accountability for the delivery of plan lies with all participating organisations*

2. National and regional context

Urgent and emergency health and care services continue to be at the forefront of the NHS priorities due to the fall in national performance of the 4 hour Emergency Care Standard (ECS) and the demands of an aging population.

In 2017/18 'winter' had a marked impact on service delivery and the experience of care for our population. Disruptive flow across all points of delivery in our system saw people waiting longer in our A&E departments, put pressure on patient beds and caused delayed discharges home. All of which accumulated in a drop in our performance against national standards.

In response to the anticipated pressures of winter local health and care economies areas are required to develop a winter plan that detail their approach to planning to demonstrate they system can meet the needs of their population. This year's winter plans are focused around twelve Key Lines of Enquiry (KLOE) to provide assurance of system leadership and partnership working with a shared aims.

NHS England and NHS Improvement twelve KLOE's are:

1. Governance and leadership across the system
2. Local operational model
3. Clinical and quality escalation plans
4. Workforce
5. Capacity and demand
6. Elective demand/routine services
7. Festive period and bank holidays
8. Risks and issues
9. Contingency planning
10. Link to EPRR
11. Finance
12. Communications

3. Winter 2017/18 overview

Winter 2017/18 proved significantly difficult to the NHS across the UK. This was seen across all parts of the Leeds system from primary care, acute through to community beds and social care provision. Though we did not experience any adverse weather or significant outbreaks, last winter once again proved challenging and stress both on services and individuals was apparent with relationships across organisations highly tested.

The Leeds resilience plan 2017/18 delivered support and had impact in many areas notably with the establishment of the frailty unit, continued development of admission avoidance pathways and the positive changes resulting from the review of adult social care/reablement services. But with a year ending achievement of 82.6%.for the Emergency Care Standard (ECS) it was clear that immediate action was needed to recovery our position.

3.1 Winter review highlights

The following section provides a system summary overview of winter 2017/18 highlighting areas that worked well and those where we further development is required.

The strategic system assumptions/aims of the 17/18 plan last year were:

- No patients in non-designated beds within Leeds teaching Hospital Trust- not delivered
- Achievement of 95% ECS 4 hour A&E target- not delivered
- Reduction in the number of non-elective admissions- delivered
- No elective surgery cancelled within 48 hours- not delivered
- Reduction in the number of lost bed days associated with Delayed Transfer of Care (DToC) system wide – small reduction in system wide DTOCS- but increased numbers of stranded and super stranded patients
- Reduction in the number of people experiencing delays for community nursing support- delivered
- Increase the number of patients receiving reablement services- delivered
- Management of clinical risk across the system – progress made
- System status no higher than OPEL level 2 - not delivered

3.1.2 What worked well in winter 2017/18:

- Extended access across General practice- increased access to routine and urgent appointments in primary care
- GP out of hours additional capacity across times of General practice anticipated pressure

- GP stream in ED delivered at both LTHT sites for 12 hours a day and additional capacity over extremely challenging time in ED including a senior triage nurse to signpost people where appropriate to alternate services in the community
- Frailty unit pilot in LTHT provided essential support and delivered excellent results
- Redirection from ED : on several occasions One Medical group
- Admission avoidance through adult assessment and ambulatory care pathway developments - contributing to a reduction 4% in non-elective admissions for 2017/18
- Implementation of the frailty unit in St James ED - saw 800 patients over 5 months with a admission rate to the acute medical wards of 20%
- Management of surge bed capacity within LTHT to address peaks in demand
- Leeds & York Partnership Foundation Trust (LYPFT) implementation of their Rapid improvement event recommendations - resulting in a reduction in Out of Area Treatments
- Leeds Integrated Discharge Service (LIDS) across LTHT discharge wards supporting improved discharge and outflow, reduction in DTOC
- Mental Health Investment –Liaison psychiatry 24/7 in the ED and community services providing alternative places of safety e.g. crisis café
- Collaboration between LCH and LTHT teams eg CIVAS and 7 day community respiratory service delivered through winter.- supporting admission avoidance and discharge flow
- Engagement with primary care much improved with practices reporting into system escalation and engaged in all relevant meetings
- CCG community beds procurement delivered 227 out of hospital NHS beds plus 10 additional over winter – supported reduction in DTOC;s
- Increased ASC reablement capacity had very positive impact with no delays seen -
- Leeds Community Healthcare Trust (LCH)- no delays for maintained community nursing capacity throughout winter
- Bed bureau did an excellent job in supporting flow in the system and managing the demand and flow through the new community beds
- Ambulance Response Programme – Continued revised coding of ambulance dispatch to support a more appropriate response, Urgent Care Practitioner development in Leeds to ‘see and treat’ reducing conveyance to A&E
- Winter room established at LTHT- mixed understanding and support of its function and benefit
- 111 Direct booking pilot extension in primary care

3.1.3 Areas for further development in 2018/19

- Improve discharge process to reduce the numbers of patients in surge capacity beds / and on MOFD list
- Confirm MOFD list/ data- lack of shared understanding/definition
- 'Mutual aid' actions didn't materialise during periods of extremis
- The process of escalation was clearer during the winter period, but all parties still feel there is further work to do.
- Dementia (complex) bed capacity and complex EMI DTOCS in both LYPFT and LTHT
- Trusted assessor role particularly for care homes not implemented
- Transfer / discharge to assess pathway underutilised due to demand for community care bed capacity
- Long term condition management and care planning still not embedded within urgent admissions avoidance processes.
- Delays still seen for delivery of home care following brokerage
- Care homes- capacity and closures
- No System transfer of care protocol

In addition to the system wide review, all partners are in the process of conducting internal organisational winter reviews to identify areas of learning and evidence key actions to for 2018/19. Each organisation including the CCG has clear internal governance processes for the sign off of their individual winter plans.

4. Leeds System Recovery Actions

It was evident from our review that to have any further impact in 2018/19 Leeds required a call to action through a set of recovery actions to ensure we approach the challenges of winter 2018/19 in an improved position.

The Leeds recovery actions demonstrate a commitment to continuous improvement by tackling our challenges and actively seek innovative operational and strategic solutions to recovery our position, improve people's outcomes and achieve national performance standards

The central tenant of the recovery actions is 'home first' as a consideration for every patient to keep people in their own homes, promote self-care and independence. To achieve our ambition we recognise that a significant cultural change is required to deliver more integrated services, inform joint decision making and test commissioning intentions i.e. investing in reablement and neighbourhood teams rather than escalation wards.

Through the Perfect Week and the Multi Agency Discharge Event (MADE) and Newton Europe relationship were strengthened, knowledge and experience shared and current processes and constraints challenged. These events have been the catalyst in bringing system partners closer to a clear single version of the truth regarding the issues in our system and informed the priority areas to build a comprehensive resilience plan.

The Leeds System Resilience Plan has grouped into clear work streams with an SRO leads and clear governance through the SRAB and Operational Resilience Group (ORG) to monitor progress and escalate issues. The plan focuses on the following areas:

4.1Leeds System recovery priority actions 2018/19 – Building the foundations

Following the findings from a series of improvement events including the Newton Europe diagnostic centrally funded by NHS England, Leeds has reviewed its key work streams to support recovery as we move towards winter.

Priority areas for action and improvement in processes are:

- Embed Home first strategy and culture across all services
- Support our staff to get people home through multi-disciplinary decision making, timely assessments, consistent processes and communication
- Ensure staff are confident in their discharge role and the transfer of care
- Reshaping our community Health and Care provision to support peoples independence, i.e. packages of care
- Maximising community care bed provision - define criteria and pathways including discharge to access
- No social work assessments delays through agreed professional standards
- Delivery of the SAFER Bundle
- Maximise admission avoidance pathways
- Integrate acute and community stroke services to promote the appropriate rehabilitation and recovery
- Ensure funding decisions do not cause pathway/discharge delays
- Ensure that people requiring long term placements are discharged in a timely manner by improving processes and stimulating the market
- Develop a system culture with the right behaviours and focused leaders to ensure a positive impact

4.2 System metrics

To track progress SRAB have agreed a high level set of improvement metrics and performance indicators to provide an overarching view of the impact our actions

are having on system flow, a shift in care provision and the achievement of key of performance targets.

These will be tracked against baseline data with trajectories for improvement agreed. Indicators are as follows:

Urgent Care Demand

- Community based urgent care
- A&E attendances

Acute Flow

- Emergency Care Standard (4 Hour A&E target)
- Non-elective admissions
- Super stranded patients (patients in an acute bed longer than 21 days)
- Delayed Transfer of Care
- Number of patients in non-designated areas

Home First Strategy

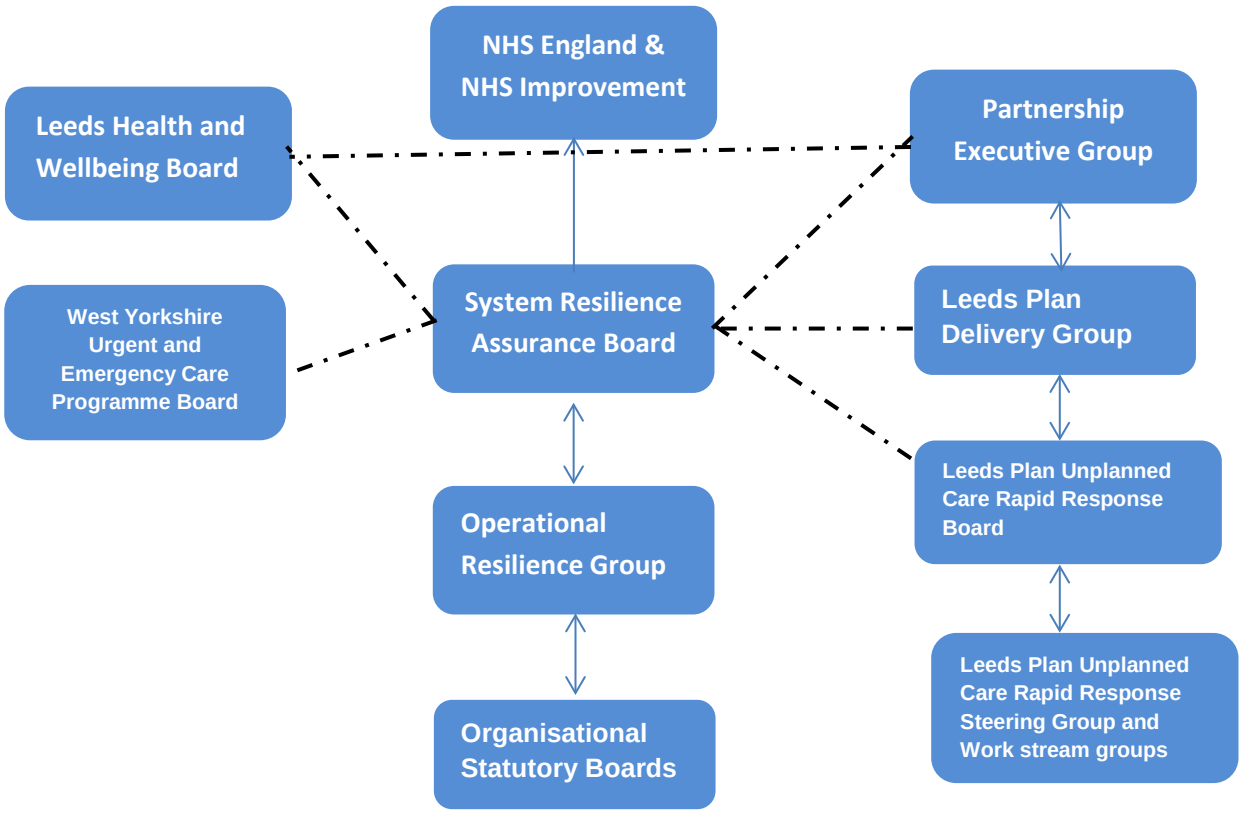
- Discharges from LTHT to:
  - Reablement
  - Community Care Beds
  - New long term placements (residential and nursing)
  - Packages of care
- Community measure to track admission avoidance TBC

5. Governance and leadership

A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual winter, business continuity and major incident plans monitored through their own Boards and through contracts.

The governance of the essential cross organisational communication and collaboration is harder to define. There are a number of groups forming the governance structure supporting the LSWP each of which hold key roles in the development, progress and final plan sign off as below

Diagram 1 Leeds System Winter Plan - Governance structure



5.1 Health and Wellbeing Board and the Partnership Executive Group

As a system plan the LSDP will be shared across all partnership forums to provide information and assurance. The plan will also be shared with the public. Both the Health and Wellbeing Board (HWB) and the Partnership Executive Group (PEG) have been involved in the development of the plan.

5.2 System Resilience Assurance Board

An executive level multi-agency system group, the System Assurance Resilience Board (SRAB) has responsibility for assuring the coordination and delivery of a sustainable system to maintain all health and care services including delivery of the Emergency Care Standard. (4 hour A&E target) The SRAB will also maintain oversight of the plan and drive improvement in performance and delivery.

5.3 Operational Resilience Group

An operational multi-agency system group, the Operational Resilience Group (ORG) has responsibility to deliver mandated actions from SRAB. The ORG is responsible for the implementation, monitoring, escalation and evaluation of the LSWP as well as the daily management of the system.

5.4 Regional West Yorkshire Urgent and Emergency Care Programme Board

The West Yorkshire Sustainability and Transformation Plan (STP) have established an Urgent and Emergency Care Programme Board to co-ordinate and monitor the progress of the individual health and care system across West Yorkshire. It provides a forum for understanding, discussing and highlighting both local and regional services and issues that have an impact on associated economies, e.g. ambulance and trauma services. We are actively involved in this network and continue seek opportunities at WY level to improve services in Leeds.

5.5 Leeds Plan Delivery Group

The Leeds Plan Delivery Group has overall responsibility to deliver the 4 elements of the Leeds Plan. The main duties of the group include

- Review progress of the 4 programme areas and the enablers
- Provide an effective PMO for the co-ordinations of the plan
- Ensure the areas or linked and interdependencies maximised to reduce duplication opportunities maximises
- Escalate and discuss issues/areas/barriers to delivery provide solutions
- Manage the integrated Better Care Fund (IBCF) programme and finance

5.6 Leeds Plan- Unplanned Care Rapid Response Board

The Board is chaired by the Director Adult and Health (Leeds City Council) and Sue Robins, Direct of Operations and Delivery (Leeds CCG). The main duties of the Board are:

- Receives assurance from the work stream leads regarding progress
- Supports delivery of Unplanned Care Rapid Response strategy such as influencing key system partners where necessary
- Offers a system wide perspective on risks and issues
- Ensures Leeds Plan enablers are effectively contributing to the delivery of the strategy
- Recognises system interdependencies at the highest level across the system

In addition the Steering group's purpose is to direct the work streams and mandate projects to the relevant task and finish groups.

5.7 Leeds Cross-System Winter Operations Team

Table 1 below identifies the members the Leeds winter operations team. All hold senior positions with seniority to commit resources and as members of SRAB are

instrumental in the co-ordination of our system. In addition all lead on major work streams within our recovery plan.

Table 1 Winter Operational Team

Requirement	Organisation	Personnel	Title
A senior representative from the acute trust	Leeds Teaching Hospital Trust	Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive
A senior manager responsible for UEC in the CCG	NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Local Authority Social Care Director – nominated by the Local Authorities	Leeds City Council	Shona McFarlane	Deputy Director, Social Work and Social Care Services.
Community Provider Senior Operational Lead	Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations

5.8 Leeds System Resilience Plan time line

NHS England has set clear timescales regarding the submission, ratification and sign off for 2018/19 winter plan. Table 2 set out the key activities to ensure compliance with these timelines to ensure final sign off of the plan by SRAB.

Table 2 Winter Operational Team

Date	Activities
04/07/2018	Organisational winter plan updates
18/07/2018	Submission of Leeds System Winter Plan to NHSE
19/07/2018	Board to Board update on Leeds system plans
24/07/2018	Newton Europe feedback summit 1- including action planning
25/07/2018	CCG Unplanned Care Strategy & Leeds System Winter Plan to CCG Governing Body
25/07/2018	3rd Regional Action on A&E event – Leeds project Multi-Agency Discharge Team
02/08/2018	ORG workshop – joint system capacity planning
16/08/2018	SRAB Meeting- Leeds System Winter plan stocktake
17/08/2018	Feedback from NHSE on the Leeds System Winter Plan
04/09/2018	ORG Meeting – Winter plan scenario testing
05/09/2018	Health and Wellbeing Board
07/09/2018	Partnership Executive Group meeting

11/09/2018	Newton Europe 2nd Summit
13/09/2018	4th Action on A&E event Leeds project Multi-Agency Discharge Team
19/09/2018	SRAB Meeting-sign off Leeds System Winter Plan

6. Clinical safety and quality

Clinical quality and safety are the top priority in the delivery all health and care services. During the periods of intense pressure in Leeds we have had zero twelve hour trolley breaches but as a result of immense bed pressures and compromised flow have seen people in non-designated bed areas, not how we want to care for people in Leeds.

Key to delivering our plans is to agree a set of principles that underpin our plan and ensure we have a shared vision to work towards.

6.1 The principles

- The Leeds health and care system provides consistently high quality and safe care, across all seven days of the week
- Zero tolerance of 12 hour trolley breaches
- Non patient cared for in a non-designated hospital areas
- No cancellation of elective surgery within 48 hours
- Services have a set of standard response times and categories for prioritisation
- All patients receive a daily consultant led review
- Clinical standards are clear and articulated through assessment, intervention and discharge pathways
- Patients will not wait longer than 15 minutes in ambulances before handover at ED
- Minimise out of area mental health placements
- Clear infection control protocols are in place including the transfer of people on to or returning to alternative services
- Capacity is managed within organisations and as a coordinated system across the health and social care economy.
- No action that would undermine the ability of any other part of the system to manage their core business will be taken by one constituent part of the system without prior discussion.
- Should an organisation take action which results in unintended consequences for another/others they will, as soon as if practical and practicable, rectify that action

- As far as possible, the clinical priority of patients, across all care groups and categories of service (i.e. between emergencies and electives) will be the key determinant of when and where patients are treated and cared for. E.g. this may mean that some patients who have self-referred as an urgent are given lower clinical priority than urgent elective patients.
- No action will undermine or question the clinical judgement of practitioners but will however aim to decrease escalation by sign posting patients to less congested services where acceptable clinical alternatives are available.
- Managing patients at a time of increased escalation will require accepting and managing additional risk across organisations, as individual decisions on patient's care are taken, and competing pressures/targets are prioritised.
- Services should be maintained for as long as is practicable in times of increased escalation and organisations will work to recovering suspended services as soon as possible.
- Decision-making and actions in response to escalation alert will be within appropriate timescales.
- De-escalation will be agreed by all partners**.**

6.2 Provider clinical escalation plans

All providers are in the process of refining their internal clinical escalation plans which outline their organisational response to managing clinical safety and quality during times of escalation. These are tailored to reflect organisations key priorities, scale of business and are based on continuous learning to provide insight to target interventions when they face further quality, safety and performance challenges

The plans include; but are not exclusive how organisations will manage:

- daily operational process including
    - management of OPEL triggers and action plans
    - weekly quality meetings
    - weekly executive meeting chaired by the Chief Executive
    - escalation process in place for workforce shortfalls
    - cessation of non-essential training and development
    - re-deployment of staff to manage pressure areas
    - transfer of clinical staff in non-clinical roles to support patient areas.
    - daily duty response to care homes
- operational silver command response
- approach to Joint Decision Making (JDM)

- implementation of Full Capacity Protocols
- trolley wait escalation
- organisational balancing of clinical risk
- the use of use of flexible labour
- agreed process of workforce mutual aid across our internal teams
- elective care activity and the cancellation of routine elective requiring inpatient stay -
- staff flu vaccination programme
- comprised capacity and flow due to infection and the management of outbreaks
- prioritisation of services to manage risk and redeploy resources through Decision Management Tools
- response to increasing demand
    - additional winter / flex beds
    - conversion of 5 day wards in to 7 day capacity
    - additional evening / weekend cover secured via on-call Psychiatry
    - medically supervised bays for ambulance conveyances
    - additional workforce at times of key pressure to support operational flow
- implementation of robust audit processes to assure plan effectiveness and identify further opportunities

7. Capacity and demand

Key to our system response it to understand the key period of pressure and the knock on effect of rising demand in one part of our system on others. It is critical that we have robust plans for managing peaks in demand especially weekends, bank holidays and the festive period historic period of significant pressure.

We will achieve through a joint approach to capacity planning which will enable us to predict the impact of increased demand and target interventions to mitigate and share risk, share resource and ensure clinical quality and safety.

The first stage will be to undertake or individual capacity modelling and analysis to quantify their profiles for winter 2018/19. Next by sharing the plans we will develop challenging scenarios to quantify the potential impact to inform actions and mutual aid interventions taking into consideration the positive and negative impact these will have on individual organisations as the recipient and the provider.

LTHT have analysed the times of peak pressure during the 17/18 detecting predicted times of pressure to identify key mitigating actions. Additional capacity has been identified as e.g. surge plan; day case wards operating 7days, corporate nursing staff moved to support clinical areas.

During winter LTHT will continue to operate on clinically urgent and Cancer cases as well as pure day case activity. They have confirmed that in January they intend to step down all routine inpatient elective operating for people requiring an overnight stay. Prior to this action taking place they will be utilising all available opportunities to reduce our waiting lists.

Additional demand within LYPFT can often result in people being placed out areas for their care. This can be difficult to predict, their capacity modelling and inventions are focused around their ability to provide consistent services across 7 days. These include cover for delayed transfers of care (DTOCs) discharges from LTHT & The Mount, follow up intervention in care homes to reduce placement breakdown, senior and experienced staff working to make sound clinical, medical and social care decisions and that support is available in a timely way.

Experience informs us those periods of escalation in primary care services are Monday and the weekend preceding and following the bank holidays. Our walk-in-centre and out of hours provider have clear plans for managing demand reviewed weekly with robust risk assessments which allows rapid escalation and remedial actions where staffing resource falls below desired levels.

GP extended access and the development of Urgent Treatment centres is providing further evidence relating to how, when and why people are accessing urgent primary care services. This information is supporting the integration and development of further services for this winter. Plan for winter include 100% population access to extended hours, additional out of hours clinics, improved skill mix at the UTC and MIU, integrating the GP streaming and emergency department minor injuries to maximise resources, managing staffing levels increase productivity and support the emergency care standard.

Our recovery actions include on a range of interventions that address system flow issues and delays with a focus on supporting patients waiting for onwards health and or care services. We are aware from the Newton Europe findings that there is an opportunity for us to support more people to go home and retain their independence. Further work is under way to understand how we achieve this shift of care and identify any potential capacity gaps in our community health and care services, i.e. reablement, Community care beds. Once these have established discussions will confirm our actions and commissioning strategies.

8. Contingency planning

All organisations in 17/18 developed a Decision Management Tool which provided a risk assessed model to identify contingency actions that could be put into place at points of extremis. This approach promoted discussions regarding the actions

we would need to take if our system reached OPEL 4 predominately what services could be suspended and resources re-deployed.

9. System management, Escalation and Mutual Aid

Operational Pressures Escalation Levels (OPEL) is the NHS England Mandated framework for all NHS health organisations which aims to provide consistency in the reporting and managing escalating situation across system both locally and nationally.

The 2017/18 winter review highlighted that at times of extreme pressure we veered form the agreed processes and that improvements were required. Also we need to strengthen our approach to mutual aid with a more realistic understanding how and when individual partners can respond.

The Leeds Operational Pressures Escalation Levels (LOPEL) policy was developed in 2017/18 to provide systematic processes that underpin the management of system at times of escalation. With clear roles and responsibilities across 7 days a week the policy was aligned to organisational on call procedures and national reporting requirements.

The policy is currently under review with a series of workshops agreed to develop and test our plans these will cover the following areas:

- Mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet our local needs
- Review and align organisational triggers to OPEL to ensure consistency in the interpretation
- Internal actions to be taken to ensure/support de-escalation
- Joint capacity planning to support the prediction of flow issues and delays
- Complete an analysis of mutual aid across the system to identify develop and agree tangible and realistic actions based on the LSWP principles (section 6.1)
- Agree daily the reporting format, analysis and sharing information including primary care
- Refine our approach to the timely management of the system; command and control to address operational challenges and promoting a recovering system (SiTRep calls, winter room)
- Understand the benefits of establishing a system winter room December to January and prepare an options appraisal for the SRAB
- Review of organisational Decision management tool to inform system management and actions at OPEL 4/critical, major incident

- Review all On call arrangements and ensure alignment and communication is clear and understood, including exception reporting process during winter
- Desk top exercise to test process and mutual aid in an escalating scenario, to include adverse weather and flu
- Align predictive and responsive communications to OPEL levels to develop consistent and targeted messages to staff and the public
- Implement a structured approach which drives and supports assurance of organisational compliance with the 2017/18 Emergency, Preparedness, Resilience and Response
- Develop of action cards for all organisations and at a system level

All of our developments will need to flexible to allow an effective response to a whole spectrum of incidents and events that may create a surge in demand or disrupt the normal delivery/flow of services for health and care services, irrespective of situation, duration, scale and type.

10. Public Health -Leeds City Council

Leeds City Council has a pivotal preparatory role in ensuring the delivery of important messages such as the Heatwave Plan, the Cold Weather Plan, and Flood warnings to the local population and especially to those identified as vulnerable, whether in their own homes or in a care home.

With a focus on self-management, reducing falls and managing outbreaks there are range of public health initiatives that contribute to the effectiveness of the LSWP. These include:

- Leeds City Council (LCC) to commission to deliver Infection Control audits within the care home economy and manage outbreaks of infection effectively.
- Support NHS England to deliver the influenza immunisation programme targeting at risk groups
- LCC facilitate the delivery of infection control training into schools through a workshop and distribution of appropriate promotional material such as hand washing leaflets.
- LCC support NHS Leeds CCG and partners with promotional campaigns through coordinated communication plans.
- LCC to deliver Winter Friends programme, administer Winter Wellbeing Small Grants programme and commission Warmth For Wellbeing service
- Promote Public Health England Cold Weather Plan and the high impact reducing winter deaths and fuel poverty.
- Respiratory

11. System wide communications

Throughout the period of pressure experienced in 2017/18 regular communications activity was undertaken however as evidence shows (BMJ, 2016 and RCN, 2016) the A&E 'superbrand' continues to attract patients who could potentially be treated elsewhere. Furthermore evidence shows that when faced with a range of options**,** patients are confused and default to A&E (NHS England, 2017.

Firstly we will adopt learning from last year's plan. Outlined below are our proposals for improving our approach for 2018/19 ensuring we develop both reactive and proactive into our communication plan.

Proposals for inclusion in the plan include:

- To support communications activity such as outdoor advertising, radio adverts, continuation of campaign to educate new migrants
- To identify a lead person to have overarching responsibility for co-ordinating system-wide communications. However we then need to break this down as follows:
  - CCG communications to co-ordinate generic communication campaigns designed to educate people to use appropriate services.
  - CCG communications to also provide overarching social media messages, similar to winter 2017-2018.
  - Leeds City Council to lead on public health messaging with a particular focus on flu, calling on support from partners as required
  - Provider communication teams to proactively work with local media to highlight winter pressures and action being taken to address ensuring alignment with the OPEL escalation framework.
  - Any advice needs to be cleared by the unplanned care team as well as following NHS England winter communications guidance for media requests.
- Ensure each partner has a nominated communications person identified to support activity and action any plans locally, for example scheduling social media posts, preparing web pages.

12. Risks

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot predict but where we can put mitigating plans in place, 9 high level risks have been identified.

- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk, 8 high level risks have been identified

The high level risks have been RAG rated pre and post the agreed mitigating actions, the full risk register are included in Appendix 1

13. Leeds Plan – Unplanned Care Rapid Response Programme

By reviewing the ways that people currently access urgent health and social care services, including the current range of single points of access, we will aim to make the system simpler which will support a more timely and consistent response and, when necessary, appropriate referral into other services.

We will look at where and how people's needs are assessed and how urgent care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. This will allow us to build a sustainable and flexible system supported by a multi skilled workforce to remove duplication thereby preventing delays for people. Where people require urgent/rapid response care, we aim to provide a targeted response, a smooth journey through services with a return to self-managing as soon as possible.

14. Conclusion

Leeds continues to take a collaborative and proactive approach towards planning for those predictable and unpredictable challenges that face our health and care system. Evaluation of previous times of pressure and experience has informed the development of LSRP and informed our approach but we recognise that there are many varying factors outside of our control that affect the success of the plan.

We can provide assurance that for 2018/19 there is agreed system wide initiatives in place clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care benefit from the impact of improving our system to achieve better outcomes for the people of Leeds and achieve performance targets.

Glossary

A&E	Accident and Emergency
BMJ	British Medical Journal
CCG	Clinical commissioning Group
CIVAS	Community Intravenous antibiotic service
DTOC	Delayed transfer of care
ED	Emergency department
ECS	Emergency Care Standard
EDAT	Emergency duty assessment team
EMI	Elderly mentally infirm
EPRR	Emergency preparedness resilience & response
HWBB	Health and wellbeing board
KLOE	Key lines of enquiry
LCC	Leeds city council
LHRP	Local Health Resilience Partnership Board
LCH	Leeds community healthcare
LSRP	Leeds system Recovery Plan
LSWP	Leeds System Winter Plan
LTHT	Leeds teaching hospitals trust
LYPFT	Leeds & York partnership foundation trust
LIDS	Leeds integrated discharge service
MIU	Minor injuries unit
MOFD	Medically Optimised fit for discharge
ORG	Operational resilience group
OPEL	Operational resilience escalation level
PEG	Partnership executive group
PMO	Programme management office
RAG	Red / Amber / Green rating
RCN	Royal College of Nursing
STP	Sustainability and transformation plan
SiTREP	Situation report
SRAB	System resilience assurance board
UTC	Urgent treatment centre

Appendices

Appendix 1 Risk assessment

Appendix 1

Leeds System Winter Plan 201819 - Risks Register

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot fully predict but where we can put mitigating plans in place.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk.

The high level risks RAG rating pre and post mitigation 1st **November 2017** are as follows:

	Variable risks	**RAG rating pre mitigation**	**Mitigating Actions 2017/18**	**Rag rating post mitigation**
1	Surges in demand from patients accessing services that may not always be appropriate to their needs	16	• Communications campaign. • Additional primary care services in A&E, Out of Hours • 100% Extended access in Primary Care core services • Establishing urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	12
2	Surges in demand due to the aging population and increased presenting levels of acuity resulting in significant pressure on services to deliver high quality safe services and maintain system flow	20	• Additional front of house services GP in A&E, Frailty, Ambulatory care pathways, focused admission avoidance and discharge processes • Care home action plan • Workforce development group • System approach to escalation and development of robust mutual aid actions • Joint capacity planning, testing scenarios to inform mitigating actions interventions • Primary care focus on frailty and long term condition management and Joint working with community services • Extended GP services evening and weekend • Establishing urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	16

3	Disruption in service delivery and system management due to adverse weather conditions resulting in limited system capacity to manage demand	10	• Adverse weather plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements • Community network volunteers e.g. 4x4 capabilities	6
4	Insufficient system capacity to manage the additional demand and compromised service delivery as a result of health effects from Flu or infection outbreaks resulting in compromised workforce and services	12	• Outbreak plans • Flu immunisation campaign • Staff immunisation plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements	6
5	Lack of system commitment to develop new ways of working/thinking/culture resulting in limited impact in proposed initiatives	8	• Strong System Leadership- SRAB, PEG, HWB • Leeds Health and Care Plan • System escalation and mutual aid approach • Provider partnership collaborative and Local Care Partnership development • Integration Care System approach • Leeds system recovery plan – integrated service developments • Engagement with Newton Europe and adoption of the recommendations • IT developments, Leeds Care Record, Telehealth approach	4
6	Availability of a skilled workforce across the system due limited national workforce and changing political landscape resulting in challenges to deliver robust high quality and safe services for our population	16	• System workforce group- Leeds approach to recruitment • Organisations' internal staff management and recruitment plans • Robust recruitment and retention practices within all organisations • Established banks to share experienced staff	12

7	Inability of our workforce to flex skills and capabilities internally and across organisations resulting in limited opportunities to deploy a flexible and shared workforce	12	• System workforce group- Leeds approach to recruitment • Established banks to share experienced staff • Integrated service delivery- LIDS, EDAT, Frailty, A&E streaming, Urgent treatment centres	8
8	There is a risk of Industrial Action (IA) due to any arising political situation that will result in disruption to normal service delivery across the Health and Social Care Economy. E.G Clinical staff disputes, Fuel shortages	8	• All organisations test and activate internal and business continuity plans to militate against the impact and improve contingency plans • Manage communications across the system and work with colleagues to ensure consistent messages	8
9	Inability to respond to a major incident through a command and control approach due to insufficient agreed process and procedures resulting in an un-coordinated response	10	• Leeds system EPRR compliance • Robust Business Continuity and major incident plans • Participation in local and regional system resilience forum • Ongoing resilience exercises • Robust escalation and On Call systems across the system • Communication plans • Robust command and control structure NHS England lead • Consistent processes through both escalation and incident management	5
	System Impact Risks	**RAG rating pre mitigation**	**Mitigating Actions 2017/18**	**Rag rating post mitigation**
10	Compromised patient flow and service delivery due to excess demand, staff availability or an incident resulting increased pressure to deliver high quality safe services for our population and increased Mental Health out of area placements	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • Business Continuity and incident management	**12**

11	There is a risk to system flow due to the balance of service delivery between admission avoidance and discharge due to the increased demand from all points of referral into community nursing services.	16	• Leeds Community Healthcare surge and capacity plans • Leeds Community Healthcare quality and safety plans • System Escalation and mutual aid plans • Joint working between primary and community care e.g utilisation of extended GP access Hubs to maximise resources • Defined SPUR processes	**12**
12	Ability to meet system wide national performance targets due to system challenges in delivering system flow and insufficient system management and prioritisation of services	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
13	Ability to maintain an agreed level of planned activity across service providers due to system challenges in delivering system flow resulting lack of capacity to deliver planned activity	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
14	There is a risk that demand for community bed capacity exceeds current commissioned provision during times of rising surge demand	16	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • Spot purchasing across health and care commissioners • Robust mobilisation plans re the implementation of the new community bed model Sept-Nov 2017	**12**

15	Our ability to balance and share clinical risk across the system to manage the most vulnerable and needy people	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**
16	There is a risk increased patient flows into Leeds acute trust, increasing demand and impacting on the quality and safety of services across the system. This is due to the of the proposed regional acute trust changes which will result in reconfiguration/closure of various services including A&E which will in turn result in increased demand flowing towards Leeds service.	12	• Partnership working and collaboration through the following regional forums o West Yorkshire STP o West Yorkshire Acute Trust Group o West Yorkshire Urgent and Emergency Care Network o Health Futures	**8**
17	Loss of financial allocation/incentives associated with the achievement of system and national targets	8	• Robust monitoring and escalation to track progress of the LSDP • As above in Risk 9	**6**
18	Risk to the Leeds system's reputation due to our inability to provide assurance and evidence of our actions	8	Documented evidence of our actions and decisions associated with the execution of our: • Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • System Agreement for the management of risk • Robust commissioning and contracting practices •	**4**

Appendix 1	Consequence (initial)				
Likelihood (initial)	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Expected to occur at least daily. More likely to occur than not.	5 Low Priority	10 Medium Priority	15 Medium Priority	20 Very High Priority	25 Very High Priority
Expected to occur at least weekly. Likely to occur.	4 Low Priority	8 Medium Priority	12 Medium Priority	16 Very High Priority	20 Very High Priority
Expected to occur at least monthly. Reasonable chance of occurring.	3 Low Priority	6 Medium Priority	9 Medium Priority	12 Medium Priority	15 Very High Priority
Expected to occur at least annually. Unlikely to occur.	2 Low Priority	4 Low Priority	6 Medium Priority	8 Medium Priority	10 Medium Priority
Not expected to occur for years. Will occur in exceptional circumstances.	1 Low Priority	2 Low Priority	3 Low Priority	4 Low Priority	5 Low Priority
	Rating (initial):		**Risk level (initial):**		

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Leeds Health and Wellbeing Board

Report author: Mick Ward

Report of: Mick Ward (Chief Officer Transformation & Innovation, Adults & Health, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 5th September 2018

Subject: Arts and Health and Wellbeing

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

In July 2017 the All-Party Parliamentary Group on Arts, Health and Wellbeing released its inquiry report: *Creative Heath: The Arts for Health and Wellbeing*.[1] The report outlines clear health and wellbeing benefits, including financial gains, of stronger links between the arts and health and wellbeing.

The report includes a series of recommendations, largely targeted at a national level. However, we believe these can be applied locally, and indeed during discussions at a regional level it was felt that a local solution may be more effective, especially around greater local collaboration between arts agencies and health and wellbeing organisations.

The report is aligned to the ambitions of the Leeds Health and Wellbeing Strategy 2016-2021 and has potential to strongly link with Social Prescribing in the city, but also the developing approach regarding the Leeds Cultural Strategy and work arising out of this within the arts activity delivered, promoted and commissioned by the city.

[1] Full report available at: http://www.artshealthandwellbeing.org.uk/appg-inquiry/

There is also increasing interest in this work and approach from a broad range of arts organisations in Leeds, building on existing good practice in areas across ‘client groups’ (Older People, Mental Health, Learning Disability etc.), across arts and cultural activity (Performance Art, Dance, Visual Art, Theatre, Music etc.) and the Cultural Institute in the University of Leeds.

Whilst there are many strengths in this area in Leeds, it is felt that we can go further, especially to harness the potential health and wellbeing benefits of appropriate arts activity. This paper outlines key areas for action and an initial proposal for developing this work further.

Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the powerful contribution the arts can make to health and wellbeing.
- Ask members to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
- Influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
- Support the establishment of an Arts and Health and Wellbeing Network in the city.
- Identify a lead champion from the Health and Wellbeing Board for this work.

1 Purpose of this report

1.1 The purpose of this report is to inform the Health and Wellbeing Board of the benefits of the arts to health and wellbeing as outlined in the inquiry report, *Creative Heath: The Arts for Health and Wellbeing*, and gain support to progress this work in Leeds.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy 2016-2021 provides strategic direction for how we put in place the best conditions for people to live healthy fulfilling lives. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. In Leeds, there is a wealth and diversity of work and initiatives in the city that contribute to the delivery of the Strategy, however, there are opportunities to further align them to our priorities particularly around the arts.

2.2 In July 2017, the All-Party Parliamentary Group on Arts, Health and Wellbeing released its inquiry report: *Creative Heath: The Arts for Health and Wellbeing* (short version is attached as Appendix 1).

2.3 The report outlines clear health and wellbeing benefits, including financial gains, of stronger links between the arts and health and wellbeing.

Key messages are:

- The arts can keep us well, aid our recovery and support longer lives better lived
- The arts can help meet major challenges facing health and social care: ageing, long term conditions, loneliness and mental health
- The arts can help save money in the health service and social care

2.4 The report includes many examples of good practice from across the country, including the Leeds project: Dancing in Time and how that specific project supports the aims of the Breakthrough Project on ‘Making Leeds the Best City to Grow Old In’.

2.5 The report includes a focus on social prescribing and as such the evidence can be used to inform the commissioning and development of social prescribing in Leeds, especially in regard to the benefits of a broader range of interventions that people can be supported to engage in.

2.6 It also links wider art based interventions to a range of evidence that supports the financial and cultural investment in the arts for people with care and support needs and to support the prevention agenda.

2.7 The All-Party Parliamentary Group on Arts, Health and Wellbeing has also developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing covering:

- Local Government Support
- Arts Engagement and Wellbeing
- The Role of Arts and Cultural Organisations in Wellbeing
- The Role of the Arts and Culture in Social Care

2.8 The report includes a series of recommendations, largely targeted at a national level. However, we believe these can be applied locally, and indeed during recent discussions at a regional level it was felt that a local solution may be more effective, especially around greater local collaboration between arts agencies and health and wellbeing organisations.

2.9 It is also worth noting that a regional lead officer to support the recommendations of the report has been appointed and will be based in Leeds.

2.10 As seen from the above key messages, the report is strongly aligned to our key strategies and plans for the city:

- Leeds Health and Wellbeing Strategy 2016-2021, particular our priorities around: A Child Friendly and Age Friendly City; Strong engaged and well-connected communities; and A stronger focus on prevention.

- Inclusive Growth Strategy through stimulating and supporting employment in the Arts and Health sector with an opportunity to target those with the poorest health and focus on neighbourhoods and communities with less access to the arts or existing arts and cultural activity.

- Leeds Cultural Strategy (https://leedsculturestrategy.co.uk/) and work arising out of this within the arts activity delivered, promoted and commissioned by the city.

- Opportunities to link to Leeds' developing physical activity strategy, particularly through dance.

- Better Lives Strategy.

2.11 There is also increasing interest in this area of work and approach from a broad range of arts organisations in Leeds, building on existing good practice in areas across 'client groups'. This has been particularly strong in the areas of mental health and learning disability, but can be applied across all ages from children to older people and those with long term conditions as well as other areas. Implementation can cut across a broad range of arts and cultural activity (e.g. Performance Art, Dance, Visual Art, Writing, Theatre, Music etc. as well as: "*everyday cultural activity*"). This includes both major arts organisations in the city and the many smaller art groups and individual artists.

2.12 Whilst there are many strengths in this area in Leeds, it is felt that we can go further, especially to create and support more opportunities for collaboration and to more effectively harness the potential health and wellbeing benefits of appropriate arts activity directly aligned to the Leeds Health and Wellbeing Strategy.

3 Main issues

Outline Plan to develop further work

Initial thinking of the best way of taking the work forward is to focus on four areas:

3.1 Raising awareness of the current, and future, delivery and commissioning of specific services/organisations delivering health and wellbeing activity through the arts

These cut across the Leeds health and care system, arts based commissioning, and direct service delivery.

The work will build on the broad range of current examples that exist across organisations and 'client groups'. These include:

Area	Activity
Commissioned by Adults and Health, the CCG and delivered by NHS Trusts	• Inkwell Arts (part of Leeds Mind) • Pyramid of Arts (focused on people with Learning Disabilities) • Dancing in Time • Arts and Minds • The Dementia Cultural Partnership • Art Inside Me • Space 2 in partnership with Oakwood Lane Medical Practice.
Hospitals	• Reminiscence Pods on elderly care wards, which include a range of memorabilia, historical newspapers and other items aiming to stimulate memories and contribute to the wellbeing of patients with dementia. • Giving Voice Choir – Supported by Leeds Community Healthcare it offers singing sessions for people with neurological conditions and neurodisabilities. • Crafty Thursdays – A range of arts and craft activities in the Leeds Children's Hospital. • Leeds Teaching Hospital Trust (LTHT) have recently commissioned a local artist to create artworks representing patient experience. • The 'Get me Better Champions' (staff with Learning Disabilities) run an annual fashion show. • LTHT are exploring how they might work with Opera North for patients with a Learning Disability. • A range of art exhibitions in the Bexley Wing atrium coordinated by Leeds Cares (the hospital charity). • Play therapy in Children's cancer services (incl. art therapy) – There has been great coverage of this around painting characters on radiotherapy masks (see https://youtu.be/ZLXW814v8NU), but there is also wider activity.

Hearing citizen voice	Not only can the arts be used to improve the health and wellbeing of people, but the arts can also be used to improve how commissioners and providers work to keep a focus on values and what is important for people. Recently, the Provider Partnership Board (PPB) began a meeting by watching a play, 'The Last Memory'. The play take you through the stages of dementia and how it impacts on relationships in families. The members of the PPB then worked though agenda items. The impact of the play meant that discussions and decision made were more focussed on people, families and the communities they live in, rather than organisations or professions. Members of the PPB have subsequently reported that the impact of the play, being more real and tangible then any document that could be read, has continued and shaped values.
Libraries	Libraries are delivering several citywide arts and wellbeing projects, funded by the Wellcome Trust and Arts Council England, with a key focus on engaging with the arts in places where there are fewer opportunities. For example: • Leeds Libraries Voicebox café project is run by the Good Things Foundation and delivered by Studio12. • Between Aug-Nov 2018 Libraries will run events that support excluded women to understand, celebrate and participate in democracy and public life.
Leeds Museums and galleries	The community engagement programme, which is part funded through Arts Council England, offers a range of activities across nine sites, using spaces and collections for creative inspiration. This has included: • 'Meet and Make' at Leeds Art Gallery. • Curation of themed displays/exhibitions in the Museums' community cases. • Colour Garden, Felt Making and Printing workshops at Leeds Industrial Museum. • Citywide 'Forget Me Not' project in 2017 at the Leeds City Museum and the partnership at Temple Newsam with the Osmondthorpe Pottery Group who created a series of ceramics based on the Burmantofts collection. • Leeds Museums also work across all ages including Neighbourhood Networks, libraries and various community centres and schools to deliver outreach sessions with objects that are used for reminiscence, arts and crafts, research, creative writing, photography, film and other visual arts.

Children and young people	Within the Arts and Cultural sector there are a broad range of arts programmes with a health and wellbeing focus for children and young people. These include: • Zoetrope - Leeds Playhouse. This play performed by young people was specially commissioned for the Playhouse. Zoetrope is a timely exploration of the mental health of young people and the resources afforded to them. • DAZL - (Dance Action Zone Leeds) uses community development and dance to deliver public health outputs for children and young people. • PAVILION (a visual arts commissioning organisation in Leeds) have produced Art School for Rebel Girls Exhibition, 11–18 August 2018. An exhibition video, collage and sculpture confronting the power of images in shaping attitudes and beliefs about women. Produced by year nine girls at Carr Manor Community School and The Co-operative Academy of Leeds. • The Mediafish perspective Award in partnership with Mindmate, Leeds Young Filmmaker's Golden Owl Awards 2018. This year this award was presented to young filmmakers from Westroyd Primary and students from Leeds City College. Both films explored the theme of difference. • Leeds TiE specialise in the use of drama and theatre to enable people to talk safely about difficult issues. 'Looking for Callum' explores issues surrounding grooming and Child Sexual Exploitation and has toured Primary (Years 5 & 6), High Schools (Years 7-10) and Youth & Community Groups during 2017/18 • Made with Music are a music education charity delivering regular workshops at Hannah House (a respite home for 0-18 year olds with high care needs), and the Children's Oncology Ward at Leeds General Infirmary (funded by the NHS).

3.2 **Potential of generic health and wellbeing services to make greater use of the arts to deliver their outcomes**

Everything from arts in hospitals and care homes to Neighbourhood Networks and Mental Health Day services using arts based activities.

3.3 **Influence arts organisations in the city to have a greater focus on health and wellbeing**

In particular, supporting those with health, care and support needs. This would include elements of:

- Audience (especially equity of access)
- Participation (disabled people's art, etc.)
- Thematic (e.g. Art and Mental Health)
- Harnessing and Developing Community Assets – Taking an Asset Based Community Development approach within arts and cultural activity

3.4 **Identify and support appropriate actions to deliver arts to improve the health and wellbeing of staff across partner organisations**

Building on initiatives such as Leeds City Council's Staff Choir or the recognition of the benefit of art in the workplace (https://dot-art.co.uk/2018/07/20/workplace-wellbeing-can-the-arts-help/).

Next Stages

3.5 To develop this plan further, including identifying clear action to be taken, the work will be co-ordinated by the Chief Officer, Transformation and Innovation, Adults and Health on behalf of the Health and Wellbeing Board, working with the Arts Development Manager in Leeds City Council and wider stakeholders.

3.6 We have also been offered significant support in developing this work by the Cultural Institute in the University of Leeds, and through them the Centre for Medical Humanities at the University of Leeds. Arts and Health is a major research focus of the Cultural Institute for the next three years, fostering interdisciplinary working between the arts, health and academic sectors. This will lead to joint work around areas including establishing an Arts and Health and Wellbeing Network, an audit of current art and health activity in Leeds, identifying potential areas of research and research time on this issue across both arts organisations and health and wellbeing services, shared learning, potential seed funding of appropriate initiatives, the use of creative labs to support greater collaboration between artists, academics, health and wellbeing staff and citizens, and working together on funding bids. There is also interest in the Cultural Institute to develop some approaches to key complex issues such as 'quality control of artists in health and wellbeing environments' and supporting community development and peer support interventions in this field.

3.7 Work on this partnership and any wider network developed would build to support discussions at the second major conference the Cultural Institute will be delivering on the Arts and Health in June 2019.

3.8 Further contact will also be made with other academic institutions in Leeds, including Leeds Arts University and Leeds Beckett.

3.9 An initial proposal is to establish a Leeds 'Arts and Health and Wellbeing Network'. This would not duplicate any existing networks and will be linked to existing relevant networks including:

- Nationally such as the National Alliance for Health and Wellbeing in Museums, and others that may arise out of the recommendations of the Creative Health report.
- Local and regional networks such as the Leeds Cultural Education Partnership (part of a national Arts Council initiative) and the West Yorkshire Arts Network, who will be requesting funding from Arts Council England for research and development work in this field which will directly support this proposal.

3.10 The nature of the network will form part of the early work, but will include establishing a platform for the sharing of ideas, resources, and joint working as

well as allow for wider engagement and leadership from citizens, arts and health and wellbeing organisations and broader stakeholders. This will be supported by early work to carry out an audit of existing arts and health activity in Leeds.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The All Parliamentary Group on Arts Health and Wellbeing carried out substantial consultation to inform its report and the recommendations made. The existing arts and health and wellbeing projects noted above have strong engagement with citizens at the heart of their models.

4.1.2 The Leeds 'Arts and Health and Wellbeing Network' would include appropriate citizen representation to inform the work, ensuring that people are at the heart of the work we do.

4.2 Equality and diversity / cohesion and integration

4.2.1 This work is aligned to the vision of the Leeds Health and Wellbeing Strategy 2016-2021 for Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. It also supports the Leeds Cultural Strategy objective:

'For the city to value and prioritise cultural activity, utilising it as a means of improving the quality of life experienced by every person and every community in Leeds'.

4.2.2 It is recognised that currently not all individuals and communities have equality of access to or engagement in the arts, therefore:

- The focus for this work would cover both generic arts activity that improves health and wellbeing, but also targeted work with key groups including children and adults with Mental Health needs, Learning Disability, Physical and Sensory Impairment, Long Term Conditions and Older People.

- This work would look to prioritise activities that targeted those with the poorest health and focus on neighbourhoods and communities with less access to the arts or where existing arts and cultural activity is not always well recognised by the mainstream.

4.3 Resources and value for money

4.3.1 There are no direct resource implications, or an additional budget, for this work. However it is likely that by bringing arts based organisations, the universities and health and wellbeing organisations to be more closely aligned, it will allow for more effective joint working, as well as increasing the potential for successful bids from Leeds to national funding, such as the Arts Council England or cross cutting funding streams.

4.3.2 It is also noted within the report the longer term financial benefits to health and social care of citizens' engagement in the arts.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

4.5.1 There are no identified risks to this proposal. The work will be overseen by a small group of officers who will work to identify and mitigate any risks that may arise as part of its work programme and within partner organisations.

5 Conclusions

5.1 This is best summed up in three quotes from the All Parliamentary Group report:

5.2 *"This report lays out a compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and in supporting those living with long-term conditions."* (Lord Darzi, Professor of Surgery, Imperial College London)

5.3 *"The therapeutic value of art is an asset we must use. A partnership between arts organisations and health organisations has the power to improve access to the arts and to health services for people neglected by both."* (Rob Webster, Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership)

5.4 *"Art helps us access and express parts of ourselves that are often unavailable to other forms of human interaction. It flies below the radar, delivering nourishment for our soul and returning with stories from the unconscious. A world without art is an inhuman world. Making and consuming art lifts our spirits and keeps us sane. Art, like science and religion, helps us make meaning from our lives, and to make meaning is to make us feel better."* (Grayson Perry, Artist)

5.5 Learning from the above will allow us to support and build on existing good practice, enable greater collaboration across the arts, academic, and health and wellbeing sectors and contribute to achieving greater health and wellbeing through the arts, ensuring Leeds is at the forefront of Creative Health.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the powerful contribution the arts can make to health and wellbeing.
- Ask members to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
- Influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
- Support the establishment of an Arts and Health and Wellbeing Network in the city.
- Identify a lead champion from the Health and Wellbeing Board for this work.

7 Background documents

7.1 N/A

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How does this help reduce health inequalities in Leeds?

Work will be targeted to areas and communities with the poorest health. Improving access to the arts for key groups (e.g. Learning Disability, Mental Health, Physical and Sensory Impairment) will help to reduce inequalities.

How does this help create a high quality health and care system?

The positive feelings that art can produce have been demonstrated to improve both staff and patient/service users' experience

How does this help to have a financially sustainable health and care system?

As noted in the report, good investment in the arts improves mental health and physical wellbeing and reduces demand on more expensive traditional services. The work outlined in the report will support the Leeds Health and Care Plan and the 'left shift' in Leeds to a more community and prevention focussed health and care system.

Future challenges or opportunities

This work will be challenging at a time when arts funding is being reduced at the same time as funding for health and wellbeing. However, greater collaboration can help negate this, as well as potentially bringing in resources to the city.

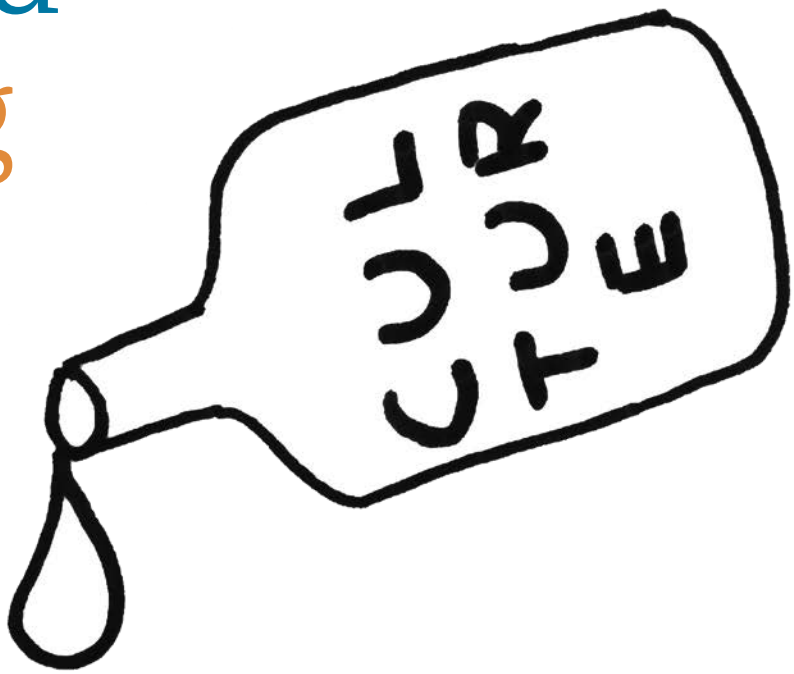
Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	

All-Party Parliamentary Group on Arts, Health and Wellbeing
Inquiry

Creative Health: The Arts for Health and Wellbeing

The Short Report

July 2017



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SING YOUR SONG

Foreword

The time has come to recognise the powerful contribution the arts can make to our health and wellbeing. A substantial report, *Creative Health*, by the All-Party Parliamentary Group on Arts, Health and Wellbeing, sets out comprehensive evidence and numerous examples of practice which demonstrate the beneficial impact of the arts.

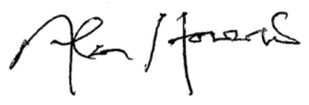
We are calling for an informed and open-minded willingness to accept that the arts can make a significant contribution to addressing a number of the pressing issues faced by our health and social care systems.

In the full report, we present the findings of two years of research, evidence-gathering and discussions with patients, health and social care professionals, artists and arts administrators, academics, people in local government, ministers, other policy-makers and parliamentarians from both Houses of Parliament. Our partners in this Inquiry have been the National Alliance for Arts, Health and Wellbeing, King's College London, the Royal Society for Public Health and Guy's and St Thomas' Charity. We are extremely grateful to our funders, Wellcome, Paul Hamlyn Foundation and the Arts and Humanities Research Council. More than 300 people have contributed to this process, and we are profoundly indebted to them for the insight and knowledge that they have shared with us. We have been privileged to hear moving personal testimonies from individuals who have experienced remarkable improvements in their own health and wellbeing from engagement with the arts.

We hope that our report will influence the thinking and practice of people working professionally in health and social care as well as of artists and people working in cultural organisations. It is addressed to all who are thinking about the future of these crucial public services.

We offer a challenge to habitual thinking and ask for new collaborations to be formed across conventional boundaries. We are calling for an informed and open-minded willingness to accept that the arts can make a significant contribution to addressing a number of the pressing issues faced by our health and social care systems. The evidence we present shows how arts-based approaches can help people to stay well, recover faster, manage long-term conditions and experience a better quality of life. We also show how arts interventions can save money and help staff in their work.

Culture change cannot be imposed by government, and we are not asking for legislation or organisational upheaval or more public spending. Government can, however, support the process of change. We hope that our report will help to develop the case that is already being made, by ministers and the NHS as well as others, that we should work towards a healthy and health-creating society.



Rt Hon. Lord Howarth of Newport
Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing.

Arts in Health and Care Environments

This includes hospitals, GP surgeries, hospices and care homes.

A mental health recovery centre co-designed by service users in Wales is estimated to save the NHS

£300k

per year.

Visual and performing arts in healthcare environments help to reduce sickness, anxiety and stress.

The heart rate of new-born babies is calmed by the playing of lullabies. The use of live music in neonatal intensive care leads to considerably reduced hospital stays.

Participatory Arts Programmes

This refers to individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations.

After engaging with the arts

79% of people in deprived communities in London ate more healthily

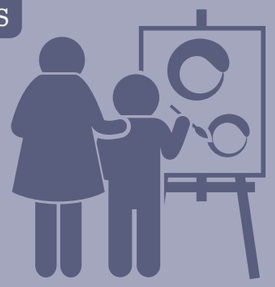
77% engaged in more physical activity

82% enjoyed greater wellbeing.

£1 spent on early care and education has been calculated to save up to £13 in future costs. Participatory arts activities with children improve their cognitive, linguistic, social and emotional development and enhance school readiness.

Arts Therapies

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council.



Arts on Prescription

Part of social prescribing, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries).

An arts-on-prescription project has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of

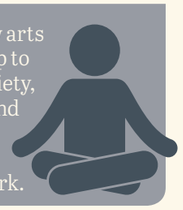
£216

per patient.

A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. Arts participation is a vital part of healthy ageing.

Participatory arts activities help to alleviate anxiety, depression and stress both within and outside of work.



Music therapy reduces agitation and need for medication in

67%

of people with dementia.

Arts therapies help people to recover from brain injury and diminish the physical and emotional suffering of cancer patients and the side effects of their treatment.

Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

Medical Training and Medical Humanities

This refers to inclusion of the arts in the formation and professional development of health and social care professionals.

Within the NHS, some 10 million working days are lost to sick leave every year, costing

£2.4bn

Arts engagement helps health and care staff to improve their own health and wellbeing and that of their patients.

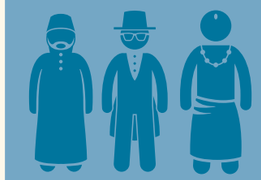
Everyday Creativity

This might be drawing, painting, pottery, sculpture, music- or film-making, singing or handicrafts.

There are more than **49,000** amateur arts groups in England involving **9.4 million** people that is **17%** of the population.

Attendance at Cultural Venues and Events

This refers to attendance at concert halls, galleries, heritage sites, libraries, museums and theatres.



Attendance tends to be determined by educational level, prosperity and ethnicity.

Cultural engagement reduces work-related stress and leads to longer, happier lives.

Of **2,500** museums and galleries in the UK, some **600** have programmes targeting health and wellbeing.

The Built and Natural Environments

Poor-quality built environments have a damaging effect upon health and wellbeing.

85% of people in England agree that the quality of the built environment influences the way they feel.

Every £1 spent on maintaining parks has been seen to generate

£34

in community benefits.

Key Messages

- **The arts can help keep us well, aid our recovery and support longer lives better lived.**
- **The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.**
- **The arts can help save money in the health service and social care.**

When we talk about the arts, we mean the visual and performing arts, including crafts, dance, film, literature, music and singing, as well as the culinary arts and gardening. The cultural field embraces concert halls, galleries, heritage sites, libraries, museums and theatres. Other places in which arts engagement may take place include health and social care environments and community settings. We emphasise the importance for health and wellbeing of architecture, design, planning and the environment.

There is an expanding body of research and evaluation to support the case that the arts have an important contribution to make to health and wellbeing. This evidence is being developed through scholarly work and in everyday practice; it is being funded by national bodies, and it is being disseminated through dedicated journals and other platforms. There is growing interest in the field from professional bodies, including government agencies, and new strategic partnerships are being developed. However, the potential contribution of the arts to health and wellbeing has, as yet, been all too little realised. Too often, arts programmes for health are temporary, and provision is uneven across the country. For this to improve, culture change is needed. The key to progress will be leadership and collaboration across the systems of health, social care and the arts.

> *"This report sets out the significant contribution that arts and culture can make to keeping our communities healthy and happy. It is a call for action and a powerful argument for continuing to expand the artistic and cultural offer that complements and enhances our health offer to residents."*
> **Izzi Seccombe, Leader of Warwickshire County Council; Chairman of the LGA Community Wellbeing Board**

The Arts and the Social Determinants of Health and Wellbeing

The conditions in which we are born, grow, work, live and age have profound effects on our health and wellbeing. This report examines how engagement with the arts and culture can have a positive impact on these social determinants, enhancing health, wellbeing and quality of life for people of all ages. However, the evidence shows that engagement with the publicly funded arts is relatively low among people living in circumstances of economic and social disadvantage. We argue, therefore, that it is essential to improve access and engagement where they are lacking, so as to create and sustain healthier lives.

> *"The mind is the gateway through which the social determinants impact upon health, and this report is about the life of the mind. It provides a substantial body of evidence showing how the arts, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage.* Creative Health *should be studied by all those commissioning services."*
> **Professor Sir Michael Marmot, Director, Institute of Health Equity, University College London**

A Healthy and Health-Creating Society

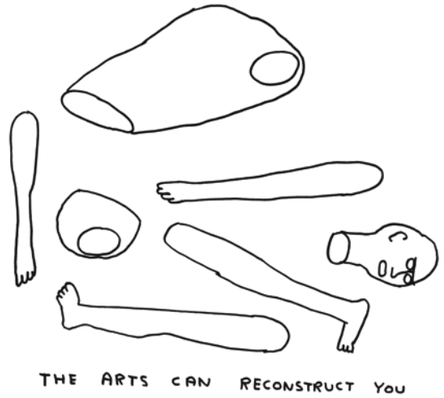
Funding aside, the greatest challenges to the health and social care systems come from an ageing population and an increase in the number of people with long-term conditions. NHS England's *Five Year Forward View* (2014) called for a new emphasis on prevention and the development of community-based, non-medical responses to a range of physical and mental health and wellbeing needs. *Next Steps on the Five Year Forward View* (2017) brought into sharper focus the need to enhance primary and mental health care and encourage healthy ageing.

The All-Party Parliamentary Group on Arts, Health and Wellbeing sees itself as part of a growing movement advancing the 'transformation of the health and care system from a hospital-centred and illness-based system to a person-centred and health-based system'.[1] Our report shows that the arts can enable people to take greater responsibility for their own health and wellbeing and enjoy a better quality of life. Engagement with the arts can improve the humanity, value for money and overall effectiveness of the health and social care systems.

Place, Environment and Community

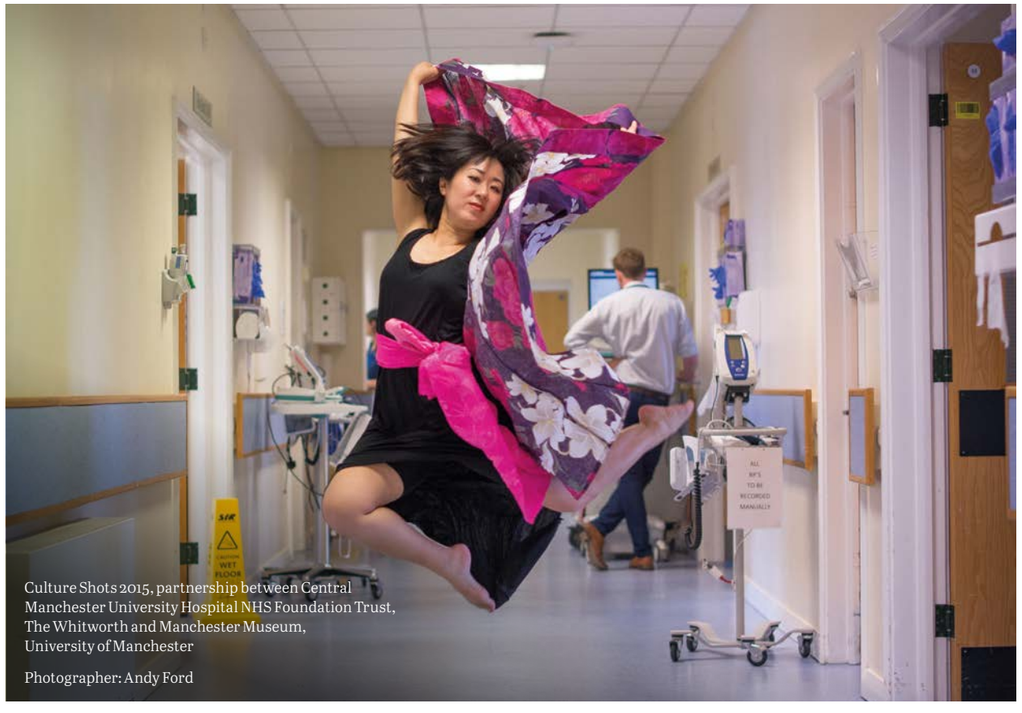
A chapter in the full report discusses how devolution of decision-making and budgets can provide better opportunities to create healthy places and healthy lives, building on individual and community strengths.

We consider the growth of social prescribing, whereby people are referred to activities in the community, in preference to medication. We look at the benefits to health and the cost savings arts-on-prescription activities provide.



Greater Manchester Devolution

In Greater Manchester, local elected leaders and clinicians have health and social care budgets of more than £6bn to meet the needs of 2.8m residents, many of whom have a lower life expectancy than people in other parts of England. The focus is on people and place, rather than organisations. The population health plan states an intention to 'position the strong inter-relationship between arts and individual and community health as one of the key foundations of building sustainable and resilient communities across Greater Manchester'.[2] Arts and culture are being included in partnerships with health service commissioners and providers, with arts activity a core element of future planning and provision. Arts and health commissioners and practitioners are stimulating debate on the arts and health as a social movement under the banner Live Well Make Art.



Culture Shots 2015, partnership between Central Manchester University Hospital NHS Foundation Trust, The Whitworth and Manchester Museum, University of Manchester

Photographer: Andy Ford

Artlift Arts-on-Prescription Scheme

Artlift is a charity delivering an arts-on-prescription scheme in Gloucestershire and Wiltshire. Health professionals refer patients with a wide range of conditions – from chronic pain to stroke to anxiety and depression – to take part in an eight-week course of two-hour sessions, led by a professional artist working in poetry, ceramics, drawing, mosaic or painting. A cost benefit analysis of Artlift from 2009 to 2012 showed that, after six months of working with an artist, people had 37 percent less demand for GP appointments and their need for hospital admissions dropped by 27 percent. Setting reductions in costs to the NHS against the cost of Artlift interventions, there was a net saving of £216 per patient.

A participant, who attended the Artlift programme for six months following a stroke, describes how:

I had split up from my partner, found myself without anywhere to live and couldn't see my children. I couldn't work as I wasn't physically able to do the job and wasn't in a position mentally or financially to start a building business again after going bankrupt. Since going to Artlift I have had several exhibitions of my work around Gloucester. I find that painting in the style that I do, in a very expressionistic way, seems to help me emotionally. I no longer take any medication and, although I am not without problems, I find that as long as I can paint I can cope. It doesn't mean that depression has gone but I no longer have to keep going back to my GP for more anti-depressants, I just lock myself away and paint until I feel slightly better. I now mentor some people who have been through Artlift themselves and they come and use my studio a couple of times a week to get together, paint, draw and chat and I can see the benefit to them over the time they have been doing it.

"It has been heart-warming to hear about many examples in our system where, through involvement in the arts, people have been able to develop their talents and live fuller lives, taking more control of their health and wellbeing. We believe that the arts and cultural sector has a major part to play in the transformation of health and care in Gloucestershire."
Mary Hutton, Accountable Officer, NHS Gloucestershire Clinical Commissioning Group and Lead for Gloucestershire Sustainability and Transformation Partnership

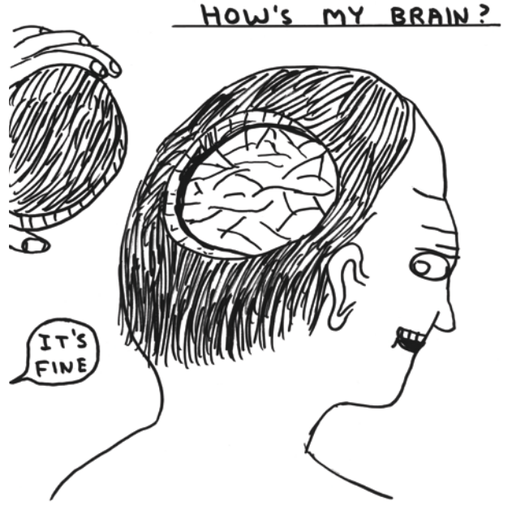
Russell, Artlift, Gloucestershire

Photographer: James Garrod

Arts Engagement at Every Age

The full report follows the journey through life from birth to death. In a chapter on childhood, adolescence and young adulthood, we discuss ways in which the arts can improve the mental health of new mothers and encourage the emotional, social and cognitive development of children.

An estimated 850,000 children and young people in Britain have mental health problems and related physical health problems. Most serious mental health problems – such as psychosis and bipolar disorder – begin before the age of 24, with half of conditions being manifested by the age of 14. In the report, we take the Alchemy Project – which uses dance as a form of early intervention – as an example of an innovative approach to psychosis.




Creative Homes, live arts experiences in the household environment, Knee High Design Challenge finalist, 2015

Photographer: Robin Howie

Creative Families

Creative Families is co-produced by Southwark Council's Parental Mental Health Team and South London Gallery, funded by Guy's and St Thomas' Charity and led by artists at the gallery and three local children's centres. During a pilot phase, Creative Families worked with 46 mothers experiencing mental distress and 61 of their children under the age of five. Over the course of a 10-week art and craft programme, mothers experienced a 77 percent reduction in anxiety and depression and an 86 percent reduction in stress. The bonds between mothers and children improved, and the emotional, social and cognitive development of the children was stimulated. Following the pilot, funding from the mental health team was secured to enable the project to continue.

Anxiety, depression and stress are leading causes of disability at any age. At one of our round tables, on Young People, Mental Health and the Arts, a young man who has suffered severe anxiety and depression since the age of 20 said:

> *About my darkest time, I made a decision that I had one more thing to try and that was to stop hiding. I couldn't keep up this double life of portraying happiness to everybody. So it started with a poem. Putting it into poetry made it somehow easier to say. I filmed it and I posted it onto social media, which was terrifying, but quite necessary for me, because the support that I got from that was amazing, and it changed how I saw everything that was happening. Because, for the first time, I wasn't as afraid to talk about it. That was the biggest step for me. Poetry then turned into music when I realised that these words that I'd written could be lyrics. Then that became my next weapon, I guess, in this battle against depression.*

In a chapter on working-age adulthood, we show that workplace stress, serious illness and the management of long-term conditions are all areas in which there is evidence of the benefits of the arts for prevention, recovery and improved quality of life.

We show how the arts can help with expressing difficult emotions and experiences for people in the criminal justice system and how arts therapies provide an effective non-verbal means of accessing painful memories for those with post-traumatic stress.

We discuss inspiring examples of the arts and humanities being used in the training and professional development of health and social care staff. Despite the benefits, this is not commonplace, nor is the relevance to the arts of health and wellbeing generally conveyed in the professional development of artists.

The arts can support healthy ageing and counteract loneliness at all ages. In a chapter on older adulthood, we look at evidence that social participation by older people can have as positive an impact on health as giving up smoking, with the arts providing enjoyable opportunities for social participation from group singing to community knitting. In February 2017, Age UK published an analysis of data gathered from more than 15,000 older people which showed that engagement in creative and cultural activities makes the highest contribution to overall wellbeing.

It is predicted that, by 2040, 1.2 million older people in the UK will have a dementia diagnosis. Our full report describes in detail how engagement with the arts can provide significant help in meeting this enormous challenge. It discusses how dancing, painting or playing a musical instrument can boost brain function, potentially helping to delay the onset of dementia. It also considers how arts engagement, including handling evocative objects, can help the recall of memories in people with dementia. There is a movement in dementia care to focus less on memory and more on improving the quality of life for people with dementia. The full report presents examples of practice and research in this area across eight different art forms.

Very importantly, the arts can also improve quality of life for carers. A woman whose husband had been diagnosed with terminal cancer said to the Director of Grampian Hospitals Arts Trust:

> *To be given a terminal prognosis is devastating for both the patient and family. To take away your future, the opportunity to grow old and grey with your spouse and to watch your children grow and thrive. You lose your independence and your sense of self, your purpose and role in life. Yet in the midst of this suffering lies the Artroom. An oasis of positivity and fulfilment providing a different purpose. One of creativity and self-expression. It is a place where the self is rediscovered and allowed to flourish. A place where you feel valued and worth investing in. It's medicine for the soul and every bit as vital as drugs and chemotherapy. A life-fulfilling experience that has changed both our lives for the better.*

Strokestra

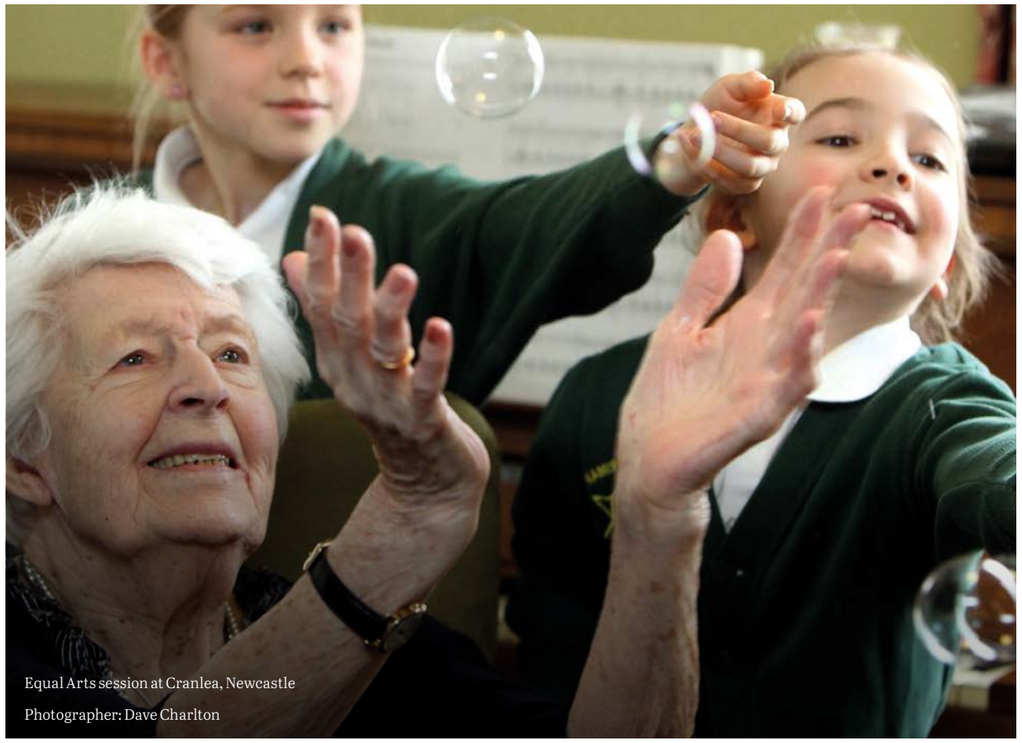
Strokestra, a pilot collaboration between the Royal Philharmonic Orchestra and Hull Integrated Community Stroke Service within Humber NHS Trust, was funded through a £48,000 grant from Hull Public Health. Strokestra sessions ranged from percussion to conducting and culminated in a live orchestral performance at Hull City Hall. Evaluation focused on individual progress, measured by Stroke Impact Scale scores and through interviews. Eighty-six percent of patients felt the sessions relieved disability symptoms, citing improved sleep; reduced anxiety, dizzy spells and epileptic episodes; improved concentration and memory; and increased confidence, morale and sense of self. Ninety-one percent of patients experienced social benefits, including enhanced communication and relationships.

Staying Well

The Staying Well project in Calderdale aims both to reduce isolation and loneliness among older people and to ease pressure on health and social care resources. Staying Well workers in four community hubs provide opportunities for engaging in a wide range of art and craft activities at a charge of less than £5 per session. Evaluation has shown that almost half of 779 participants had a long-term condition and over a third two or more long-term conditions. Among the 55 percent of participants drawn from deprived communities, there was a higher incidence of long-term health conditions, lower quality of life and greater isolation and loneliness. Three of the four hubs showed a reduction in loneliness over the initial period, with some participants also reporting improvements in their health. Initially intended as a 12-month pilot, the project has been extended three times. Funding through Calderdale Clinical Commissioning Group's Care Closer to Home programme has been matched by the NHS Vanguard programme and Calderdale Metropolitan Borough Council.

"At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities."
Dr Jane Povey GP, Director, Creative Inspiration Shropshire Community Interest Company

At the end of life, participatory arts and arts therapies can offer physical, social, psychological and spiritual support to people facing death. In the final life-course chapter, we discuss how the arts can open up conversations about death and enable people to cope better with dying and bereavement. In the words of a seriously ill 15-year-old boy during a drama workshop, 'Death is simply a door in the room that we have not yet noticed, and we won't until our eyes adjust to the dark'.



Equal Arts session at Cranlea, Newcastle

Photographer: Dave Charlton

Recommendations

We hope we demonstrate in *Creative Health* that the arts can make an invaluable contribution to a healthy and health-creating society. They offer a potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods. Policy should work towards creative activity being part of all our lives. We make ten specific recommendations as catalysts for the change of thinking and practice that can open the way for the potential of the arts in health to be realised.

1) **We recommend that leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. We appeal to philanthropic funders to support this endeavour. We hope that the centre will also have the support of Arts Council England, NHS England and Public Health England as well as the Local Government Association and other representative bodies.**

2) **We recommend that the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture.**

3) **We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.**

4) **We recommend that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level.**

5) **We recommend that Arts Council England supports arts and cultural organisations in making health and wellbeing outcomes integral to their work and identifies health and wellbeing as a priority in its 10-year strategy for 2020–2030.**

6) **We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.**

7) **We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.**

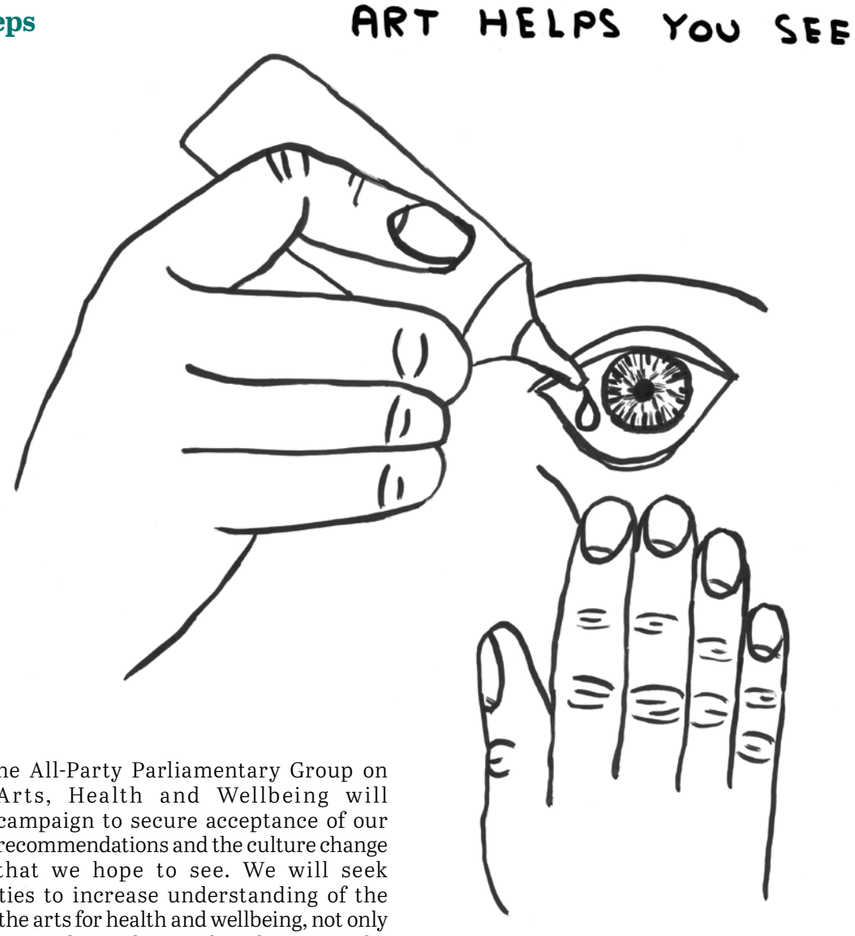
8) **We recommend that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts to health and wellbeing.**

9) **We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, long-term health surveys include questions about the impacts of arts engagement on health and wellbeing.**

10) **We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.**

"This report lays out a compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and in supporting those living with long-term conditions."
Lord Darzi, Professor of Surgery, Imperial College London

Next Steps



The All-Party Parliamentary Group on Arts, Health and Wellbeing will campaign to secure acceptance of our recommendations and the culture change that we hope to see. We will seek opportunities to increase understanding of the benefits of the arts for health and wellbeing, not only with ministers and in parliament but also among the health and social care professions and others across the country. The process of the Inquiry – in particular the exchanges of ideas and experience of service users, health and social care professionals, artists and arts administrators, funders, academics, people in local government, policy-makers and parliamentarians – has generated energy and commitment. We will continue to enlist the help of those who are willing and able to join forces to shape a shared vision for change and bring that change into being. We will welcome advice from all who share our mission. Those who work with the arts in the health and social care sectors and are already expert practitioners will be powerful advocates of this change. The stories of people who have personally experienced the benefits of the arts for their own health and wellbeing are compelling. We ask all those who believe in the value of the arts for health and wellbeing to speak up. We will work with all who believe, as we do, that the arts offer an essential opportunity for the improvement of health and wellbeing.

"This is an impressive collection of evidence and practice for culture and health, which reflects the passion and breadth of engagement of the APPG and its partners over the last two years."
Duncan Selbie, Chief Executive, Public Health England

Dancing in their Footsteps, Age Exchange, London

Photographer: Tim Sutton for Age Exchange

Detailed references for all case studies and evaluations are given in the full report.

You can download the full report here: **www.artshealthandwellbeing.org.uk/appg/inquiry**

You can view submissions to the Inquiry's call for practice examples here: **www.artshealthandwellbeing.org.uk/appg/inquiry-submissions**

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination.

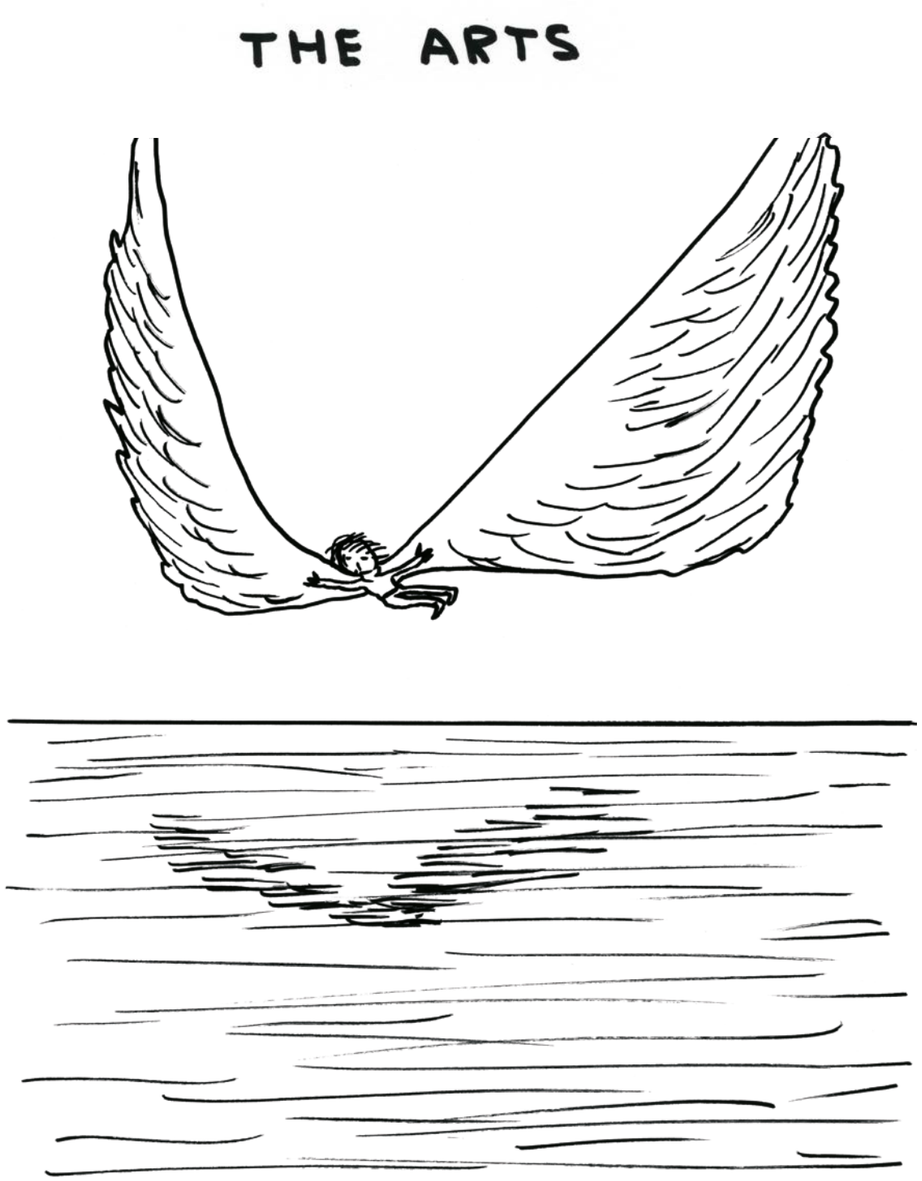
You can download the policy briefings here: **www.artshealthandwellbeing.org.uk/appg/inquiry**

The All-Party Parliamentary Group on Arts, Health and Wellbeing is very grateful for the participation of a number of service users and expert patients in the Inquiry. Many returned to take part in a focus group attended by the artist, David Shrigley. Our warmest thanks to David for the drawings that illustrate this report.

The All-Party Parliamentary Group on Arts, Health and Wellbeing has produced the Inquiry report in collaboration with King's College London, the Royal Society for Public Health and Guy's and St Thomas' Charity. The secretariat for the All-Party Parliamentary Group on Arts, Health and Wellbeing is provided by the National Alliance for Arts, Health and Wellbeing. The Inquiry has been funded by Paul Hamlyn Foundation and Wellcome, with additional support from the Arts and Humanties Research Council. We express our deep gratitude to our project manager, Alex Coulter, and our researcher, Dr Rebecca Gordon-Nesbitt.

To contact the All-Party Parliamentary Group on Arts, Health and Wellbeing please email Alexandra Coulter: **coultera@parliament.uk**

More information about our work can be found here: **www.artshealthandwellbeing.org.uk/appg**

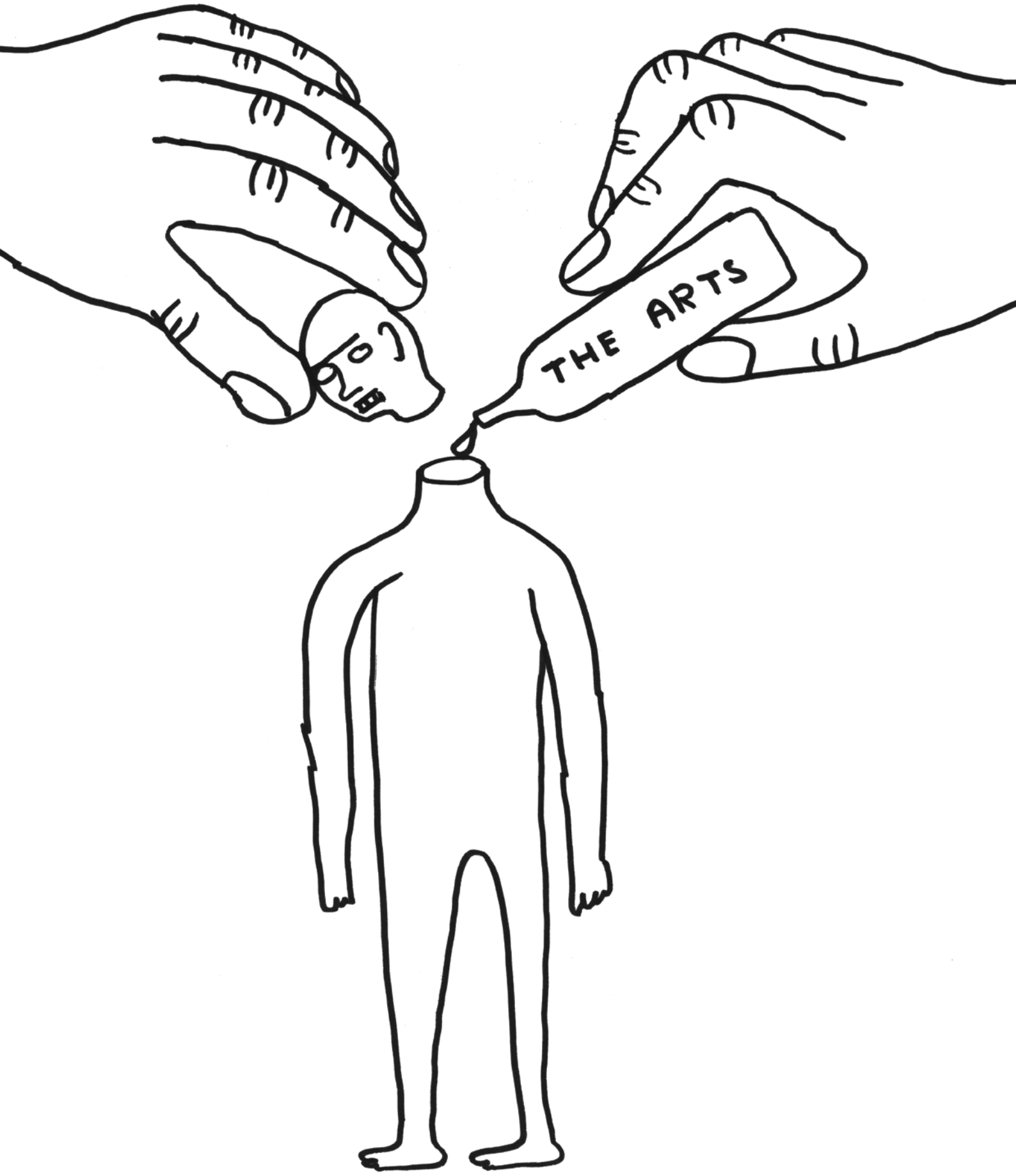


"Art helps us access and express parts of ourselves that are often unavailable to other forms of human interaction. It flies below the radar, delivering nourishment for our soul and returning with stories from the unconscious. A world without art is an inhuman world. Making and consuming art lifts our spirits and keeps us sane. Art, like science and religion, helps us make meaning from our lives, and to make meaning is to make us feel better."
Grayson Perry, Artist

References

1. Crisp, N., Stuckler, D., Horton, R., Adebowale, V., Bailey, S., et al. (7 October 2016). Manifesto for a Healthy and Health-creating Society. *The Lancet*, p. 1.
2. Greater Manchester Combined Authority. (2016). *The Greater Manchester Population Health Plan 2017–2021*. Manchester: Greater Manchester Combined Authority, p. 26.

THE ARTS ARE LIKE GLUE



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Report author: Arfan Hussain (Health Partnerships Team)

Report of: Tony Cooke (Chief Officer, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: Connecting the work of the Leeds health and care partnership

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This report provides a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gives an overview of key pieces of work across the Leeds health and care system, including:

- Hearing the voices of and engaging with some of our communities who experience some of the poorest health outcomes and significant health inequalities
- Local Care Partnerships
- Strengthening our Leeds Health and Care Workforce
- The work of the People's Voice Group

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

1 Purpose of this report

1.1 The purpose of this report is to provide a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

2 Background information

2.1 Leeds Health and Wellbeing Board provides strategic leadership across the priorities of our Leeds Health and Wellbeing Strategy 2016-2021, which is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This strategy is our blueprint for how we will achieve that.

2.2 National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change[1]. With good governance, the Leeds Health and Wellbeing Board can be a highly effective 'hub' and also a 'fulcrum' around which things happen.

2.3 This means that the HWB is rightly driving and influencing change outside of the 'hub' of public HWB meetings. In Leeds, there is a wealth and diversity of work that contributes to the delivery of the Strategy.

2.4 Given the role of HWBs as a 'fulcrum' across the partnership, this report provides an overview of key pieces of work of the Leeds health and care partnership, which has been progressed through HWB workshops and wider system events.

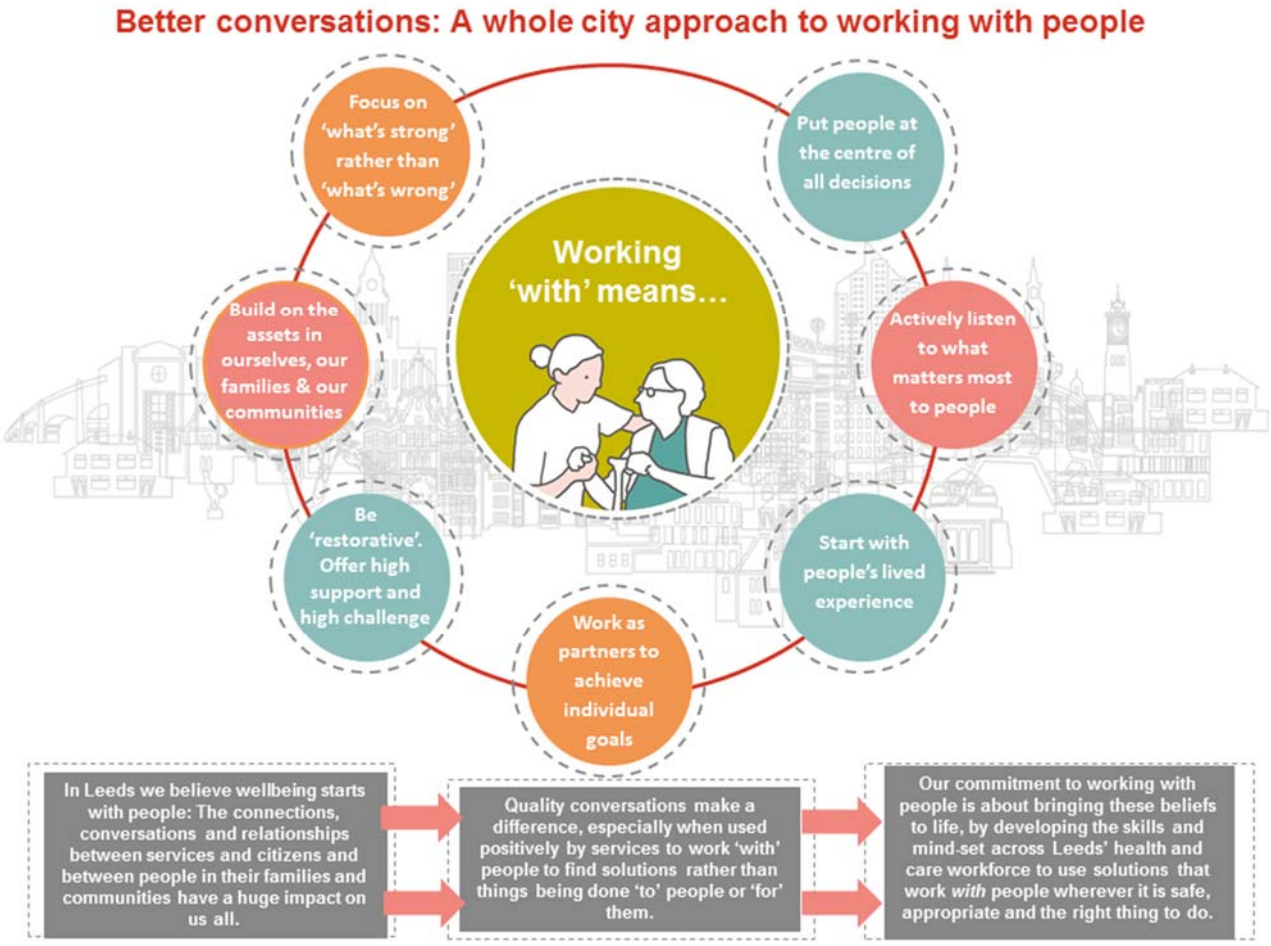
3 Main issues

Health and Wellbeing Board workshop (April 2018): Priority 3: strong engaged and well-connected communities

3.1 During a self-assessment workshop, held in January 2018, HWB members reiterated its commitment to hearing the voices of and engaging with our communities who experience some of the poorest health outcomes and significant health inequalities. As part of this, the HWB held a workshop in April 2018 themed around priority 3 of the Leeds Health and Wellbeing Strategy: strong, engaged and well-connected communities. Led by Forum Central and Healthwatch Leeds, the workshop heard the voices of and engaged with asylum seekers and refugees, the homeless, gypsies and travellers and sex workers. Information and lived experience was shared through engagement with relevant third sector organisations and videos created by members of these communities.

[1] *Making an impact through good governance – a practical guide for Health and Wellbeing Boards,* Local Government Association (October 2014)

3.2 The HWB has agreed to lead the change in conversation with citizens about the future of health and care through a 'Better conversations' approach where citizens are at the centre of all decisions (see below for further information).



3.3 As a result of the workshop, the HWB agreed to the following:

- Factor in the conversations and learning from the workshop into the process of the city's ongoing integrated commissioning review.
- Review of mental health provision for at-risk groups.
- Data entry / monitoring – For Gypsies and Travellers, poor data collection means they can feel invisible and creates difficulty to evidence whether services are effective/accessible. The Board agreed for this to be explored further and the actions to be taken to address.
- Development of a simple briefing paper to communicate the changes to the NHS (Charges to Overseas Visitors) Regulations 2015 ("the Charging Regulations") that became fully effective from October 2017 impacting migrant communities.

HWB has directed these actions for progression and monitoring by relevant organisations and partnership boards/groups.

Leeds Health and Wellbeing Board: Board to Board Session (June 2018)

3.4 The Health and Wellbeing Board convened its first Board to Board session in July 2018. These sessions bring together a larger number of health and care partners (50+) to discuss key strategic topics, share perspectives and progress collective actions to support the delivery of the Leeds Health and Wellbeing Strategy. This approach is unique to Leeds and ensures that everyone is joined up and working towards the same goals for the city and for our citizens.

3.5 In Leeds our health and care system leaders are committed to a city first and organisation second approach at all levels through the following principals of approach:

Principles of our approach		
We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.	**We deliver:** We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.	**We are team Leeds:** We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.

3.6 At the previous session the following areas were discussed:

Local Care Partnerships (LCPs)

3.7 The HWB: Board to Board received an overview of the ongoing development of Local Care Partnerships (LCPs), which describes our model of joined-up working, with teams delivering 'local care for local people'; 'working in and with local communities' aligned to the delivery of the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.

3.8 Progress was shared around the work to date:

- There has been a range of engagement including with elected members through Community Committees (local meetings led by elected members), Third Sector, public events and stakeholders from partners.
- Alignment of geography with 18 LCP footprint agreed working with the 13 Neighbourhood Teams and other locality arrangements.
- Investment in building leadership (incl. within general practice and the Third Sector).
- Development of six emerging LCP leadership teams.
- Working with LCCs' Communities Team to ensure relationships with the 'Priority Neighbourhoods' work.
- Development of a suite of communication material following extensive consultation with a range of stakeholders.

3.9 Through the HWB: Board to Board discussions the wider health and care system, through their organisations and existing partnership/board groups agreed to:

- Developing the tools needed to effectively communicate about LCPs within their organisations and communities.
- Identify areas work that will need to take into account the LCP model going forward.
- Factoring in LCPs into the city's ongoing integrated commissioning review.
- Ensuring that the system allows genuine co-production with local people empowered through 'Better Conversations' and engagement to generate local solutions.

Strengthening our Leeds Health and Care Workforce

3.10 The HWB: Board to Board received an overview of the ongoing work to strengthen the Leeds health and care workforce to deliver on our ambitions for Leeds to be the best city for health and wellbeing through three strategic aims:

- To develop an appropriate and agile workforce for Leeds – a workforce that works flexibly across organisational boundaries ensuring we have the right skills, in the right place at the right time.
- The Leeds health and care workforce is valued, well trained and supported – a workforce that feels motivated with access to continued professional development.
- To develop a system leadership approach across the health and care workforce in Leeds – supporting the workforce to work together as one team, providing the best care and support in the right place at the right time.

Since the HWB (June 2017) workforce update, progress has been made across a broad range of areas:

3.11 Leeds Health and Care Academy - The proposed Academy will create integrated learning and development for an estimated 57,000 strong workforce across the health and care sector in the city, by people in training and development working together across organisational and professional boundaries. This will promote systems thinking and leadership, and embed research and innovation.

3.12 Organisational Development Partnership Hub (the OD Hub) - The OD Hub facilitates and role models system leadership to enable people across the health and social care system to co-create work with an emphasis on the relationship aspects of the work to enable culture change. This is being achieved through facilitating partners to come and work together to tackle system change.

3.13 System leadership events - Leeds describes system leadership as 'working beyond the boundaries of my own organisation to deliver the best health and wellbeing outcomes for the people of Leeds'. Part of this work has been progressed through the development of System leadership events, which includes attendees from a diagonal slice of organisational structures building connections across the partnership including Third Sector, primary care, statutory, and regionally.

3.14 Developing a Citywide Health and Social Care Workforce Strategy for Leeds - A conference took place in May 2018 to help inform the development of a clear workforce strategy and workforce plan for the future. It brought together almost a

hundred attendees from across the Leeds health and care system. Using the learning to date, work is ongoing to develop the Leeds Health and Social Care Workforce Strategy, which will be brought to a future HWB.

3.15 At the session, health and care partners took part in workshop style discussions and emphasised their commitment in ensuring that Leeds has the right mechanisms in place to promote the Physical and Mental Health of staff and are enabled to provide care in the right place through Local Care Partnerships. This included:

- Ensuring that the 'Better Conversations' approach and support given to the public also takes place for staff.
- Importance of having a greater health and care focus on prevention rather than reactive for the workforce.
- Recognition of the sheer volume of work in the system and making best use of existing techniques and resources to support staff.
- Using existing expertise in the city (e.g. Mindful Employers) to support the physical and mental health of staff.
- Positive messages and stories to motivate and give confidence to staff.

People's Voice Group (PVG)

3.16 The Health and Wellbeing Board has made a city-wide commitment and expectation to involve people in the design and delivery of strategies and services. As part of this an update was requested on the People's Voice Group (PVG) to the HWB: Board to Board. The PVG is convened by the Healthwatch Leeds and brings together public / patient engagement leads from heath and care organisations. It works to share intelligence, best practice, areas of collaboration and shared collective messages aligned to the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.

3.17 The PVG aims to improve the ways that the city hears the voices of our community – connecting people with senior decision makers. Through the request of the HWB, PVG are leading on an engagement event in Oct 2018 progressing conversations with the public on the Leeds Health and Care Plan as part of a programme to ensure that the public are part of the journey of change.

3.18 Through the HWB: Board to Board discussions the wider health and care system, through their organisations and existing partnership/board groups, committed to promoting and engaging with the PVG to make best use of this resource to strengthen engagement in a coordinated way.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. Through the HWB workshop (April 2018) the Board reiterated its commitment to the 'Better conversations' approach where citizens are at the centre of all decisions. It also highlighted our approach of ensuring we consult, engage, hear and act on the

voices of our communities who experience some of the poorest health outcomes and significant health inequalities.

4.1.2 A key component of the development and delivery of each of the pieces of work for the HWB: Board to Board session is ensuring that consultation, engagement and hearing citizen voice is occurring. For example:

- Through the direction of the HWB, the Local Care Partnership approach has been developed with active engagement with elected members through Community Committees (local meetings led by elected members), Third Sector, public events and stakeholders from partners.
- Ongoing work to strengthen the Leeds health and care workforce has occurred through active engagement and using feedback from staff.
- Through the Peoples' Voice Group there is a commitment from health and care partners to strengthen our approaches in a coordinated way to hear the voices of our community about health and wellbeing – connecting people with senior decision makers.

4.2 Equality and diversity / cohesion and integration

4.2.1 Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

4.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality and diversity.

4.3 Resources and value for money

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 In Leeds, there is a wealth and diversity of work and initiatives that contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 which is a

challenge to capture through public HWB alone. This report provides an overview of key pieces of work of the Leeds health and care system, which has been progressed through HWB workshops and events with members.

5.2 Each piece of work highlights the progress being made in the system to deliver against some of our priorities and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

How does this help create a high quality health and care system?
National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change. The Leeds Health and Wellbeing Board is rightly driving and influencing change outside of the 'hub' of public HWB meetings to ensure that the wealth and diversity of work in Leeds contributes to the delivery of the Strategy. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

How does this help to have a financially sustainable health and care system?
Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

Future challenges or opportunities
In the wealth and diversity of work there is an ongoing opportunity and challenge to ensure that the Board, through its strategic leadership role, contributes to the delivery of the Strategy in a coordinated and joined up way that hears the voices of our citizens and workforce.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Leeds Health and Wellbeing Board

Report author: - Lesley Newlove (Commissioning Support Manager, NHS Leeds CCG)

Report of: Steve Hume (Chief Officer, Adults & Health, Leeds City Council) & Rob O'Connell (Deputy Director of Commissioning, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 5th September 2018

Subject: Leeds BCF Quarter 1 2018/19 Return

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues
Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017. Previously two quarterly returns were completed; one for the BCF and one for the additional iBCF/Spring Budget monies however these returns have now been combined into one return. The Leeds BCF Q1 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the submission date of 20th July 2018.
Health and Wellbeing Board members were given the opportunity to comment on the return prior to submission and was signed off by the Chair of the HWB. The return was also received by the Leeds Plan Delivery Group (26th July 2018) and Integrated Commissioning Executive (31st July 2018), who acts as the Partnership Board, for noting. Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group, which now undertakes the functions of the previous BCF Delivery Group.

Recommendations
The Leeds Health and Wellbeing Board is asked to:
- Note the content of the Leeds BCF Q1 2018/19 return

1. Purpose of this report

1.1 The purpose of this report is to provide an overview of the Leeds BCF Q1 2018/19 return to the Health and Wellbeing Board.

2. Background information

2.1 The Spending Review 2015 announced the improved Better Care Fund (iBCF); the Spring Budget 2017 announced additional funding for adult social care over the following three years.

This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

2.2 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority had to:-

- Pool the grant funding into the local Better Care Fund, unless the authority had written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19
- Provide quarterly reports as required by the Secretary of State

2.3 In Leeds, this non-recurrent three year funding has been used in line with the Leeds Health and Wellbeing Strategy 2016-2021 and the Leeds Health and Care Plan. It funds transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

2.5 Each bid is supported by a robust business case which will address the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which will:-

- Measure the actual impact of each individual initiative.
- Monitor actual spend on each initiative and release funding accordingly.
- Ensure that appropriate steps are being taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful.
- Ensure that exit strategies are in place for initiatives that do not achieve their intended results.

3. Main issues

3.1 The key points of the return to note are:-

- *National Conditions* - The return has been submitted in accordance with the deadline of 20th July 2018 with all national conditions are met.

- *Metrics* – 3 of the 4 key metrics are on track to meet targets. Work is ongoing for Delayed Transfers of Care with significant progress being made.

- *High Impact Change Model* – All aspects in relation to transfers of care are either established or mature in Leeds, except 7 day working which is viewed on a case by case basis.

- *Narrative* – Our narrative outlines our progress in terms of integration, highlighting the current work with Newton Europe around system flow, the development of Local care Partnerships, the development of Trusted Assessors to support care homes and improvements to the Integrated Discharge Service.

- *Additional iBCF: Part 1* – Lists our top 10 schemes in terms of investment in 2018/19 which are funded by the additional iBCF/Spring Budget non-recurrent monies and their progress expressed in terms of the drop down boxes allowed by NHSE/MHCLG.

- *Additional iBCF: Part 2* – Section C shows no care packages have been funded through the additional iBCF/Spring Budget monies because this non-recurrent money has been used to fund system change. Additional Care packages amounting to £9.4m have been provided within the Adult Social Care 2018/19 budget which includes both the use of recurrent iBCF monies together with the additional council tax precept levied in 2018/19.

3.2 *Schemes funded through iBCF/Spring Budget monies*

Reporting forms for quarter 1 2018/19 are currently being completed for each scheme and will be reviewed by a cross-partner panel on 30th August 2018. The review panel will be asked to make a recommendations to:

a) Continue to fund and support the scheme as per business case or;
b) Place the scheme under review i.e. the scheme will be required to undertake specific actions to provide reassurance it is being successfully delivered or;
c) Withdraw funding and support in which case an exit strategy will need to be put in place
d) Reallocate any underspend into the central BCF Transformation Fund which can then be bid against in future transformation bidding rounds

The cross-partner nature of the panel provides a health and care system perspective and ensures each scheme is delivering on the challenges facing the health and care sector in line with the Leeds Health and Wellbeing Strategy 2016-2021 and the Leeds Health and Care Plan.

Recommendations from this panel review will be submitted to future meetings of the Leeds Plan Delivery Group, the Integrated Commissioning Executive (ICE), Partnership Executive Group and the Health and Wellbeing Board.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and working with people in Leeds

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group now that the BCF Delivery Group has been subsumed into the Leeds Plan Delivery Group. This group reports into ICE which is the BCF Partnership Board.

4.1.2 The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.

4.1.3 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

4.2 Equality and diversity/Cohesion and Integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not comprised. The services funded by the BCF contribute to the vision of the Leeds Health and Wellbeing Strategy that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

4.3 Resources and value for money

4.3.1 The iBCF Grant allocated to Local Authorities through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as 'invest to save'.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There is no legal, access to information or call in implications arising from this report.

4.5 Risk management

4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

5 Conclusions

5.1 Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/the Ministry of Housing, Communities and Local Government as required under the grant conditions.

5.2 Locally we will continue to monitor the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

6.1 The Leeds Health and Wellbeing Board is asked to:-

- Note the contents of the Leeds BCF Q1 2018/19 return

7 Background documents

None.

How does this help reduce health inequalities in Leeds?
The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

How does this help create a high quality health and care system?
The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

How does this help to have a financially sustainable health and care system?
The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

Future challenges or opportunities
The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X

Better Care Fund Template Q1 2018/19

1. Cover

Version 1.0	
Health and Wellbeing Board:	Leeds
Completed by:	Lesley Newlove
E-mail:	lesley.newlove@nhs.net
Contact number:	
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Rebecca Charlwood

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	0
7. iBCF Part 2	0

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Local Government Association

NHS England

Better Care Fund Template Q1 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Leeds

Confirmation of Nation Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q1 2018/19

Metrics

Selected Health and Wellbeing Board: Leeds

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	It will be a challenge to maintain the significant downward trend in admissions seen over the last year. Our key aim will be to stabilise the level of admissions at the current level i.e. not increase further and to focus on reducing the length of stay for patients especially long stays. This will require a system wide approach.	NHS England submitted plans for higher growth in non-electives than expected in Leeds. Over last year, the system has reduced non-elective admissions by 4%. We are aiming to continue to maintain our focus on admission avoidance and are reviewing the sucess of a number of initiatives such as the development of the frailty unit and a proposed development of a 'virtual ward' to ensure a continued improvement	None

Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Increased demographic demands. Capacity and range of alternatives to care home placements.	Numbers of new people admitted to permanent residential places reduced in 2017/18. Increased capacity to provide short term community based beds for recovery. Programme of work in increase extra care placements across the city as an alternative to residential care.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Capacity to provide timely support for all people leaving hospital who would benefit from reablement. People leaving hospital being well enough to benefit from reablement. Recruitment & Retention difficulties in staffing the expanded service.	Streamlined process to enable frontline hospital staff to access reablement services directly. Enhanced service including increased capacity and increased ability to access other support services. Average monthly numbers of people accessing reablement increased in 2017/18 from 150 to 290.	None
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Developing out of hospital capacity to ensure adequate flow. Implementing new Transfer of Care protocol.	DTOCs in acute sector continue to decrease. Problem remains with LYPFT and older people. Delays as a result of Social Care remain below target.	Work being undertaken by Newton Europe to support the system to understand reasons for problems with patient flows

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Leeds

Challenges Please describe the key challenges faced by your system in the implementation of this change

Milestones met during the quarter / Observed Impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Support Needs Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Established	Mature		Further work to systematise the implementation of EDD for all patients. Aim is to improve the signalling of EDD to families along with expectations on 'home first' as part of updated Transfer of Care Protocol	Significant work being undertaken to implement SAFER in Trust along with progress towards completion and agreement of new Transfer of Care policy	None
Chg 2	**Systems to monitor patient flow**	Established	Established	Established	Established	Mature		Developing improved access to real time data and developing real time systems responses. Using data to proactively anticipate impact of changes early	Improved systems escalation policy that include review of system flow. System is reviewing potential of procuring a new real time system to track operational pressures	System has engaged Newton Europe to support review flow issues in LTHT and LYPFT

Chg 3	**Multi-disciplinary/ multi-agency discharge teams**	Establis hed	Established	Established	Mature	Mature		Current in place in A&E and medical wards. Currently looking to extend existing team to all wards	Begining the development of specification of a Multi Agency Discharge Team across all wards. Design will be influenced by Newton Europe review	None
Chg 4	**Home first/ discharge to assess**	Establis hed	Established	Established	Established	Established		Extending the IDS service to maximise policies for taking forward home first/discharge to assess for all pathways. Challenge is securing out of hospital capacity	Home First Policy approach under development. System reviewing capacity required in reablement, community and communty beds to support discharge to assess	None
Chg 5	**Seven-day service**	Not yet establis hed	Not yet established	Not yet established	Not yet established	Plans in place		Whilst seven days exists for a number of services there are no current plans to extend for some services although this is under ongoing review	Continuing to develop thinking re seven day services as part of development of transfer to asess approach. Continuing to review feasibility of changing to 7 day working for services where there is interdependence between health and social care and changes in behaviour required to realise benefits	None

Chg 6	**Trusted assessors**	Establis hed	Established	Established	Mature	Mature		Large number of care home providers offering different approaches to trusted assessment and variable response times with regards to assessment within reasonable timeframe	System has employed an additional 8 trusted assessors through IBCF to support discharge to reablement on all wards. Further 2 Trusted Assessor posts to improve transfers to care homes for more complex cases now agreed.	None
Chg 7	**Focus on choice**	Mature	Mature	Mature	Mature	Mature	The system has Age UK supporting patients to choose care homes, undertaking work to update Tranfer of Care Protocol to further embed	Lack of provision for patients with complex needs notably elderly with complex mental health issues associated with dementia	Work being undertaken on updating transfer of care protocol to ensure all patients leave hospital in a timely manner. Trialing initiatives to improve short term 1-2-1 support in care homes to resettle clients.	None
Chg 8	**Enhancing health in care homes**	Establis hed	Established	Established	Established	Established		See issue re dementia above	CCG is looking to appoint care home lead to support development of sector. Work is underway to review capacity in Mental Health community services with a scheme being developed aimed at offering support to care homes for patients with dementia	None

Hospital Transfer Protocol (or the Red Bag scheme)
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		The red bags are not always sent from the acute setting at the same time as the patient	Care Homes have responded well to this scheme	None

Better Care Fund Template Q1 2018/19

5. Narrative

Selected Health and Wellbeing Board:	Leeds

Remaining Characters:	17,723

Progress against local plan for integration of health and social care

We are currently in the process of engaging Newton (Europe) to undertake analysis of the reasons for delays in discharge with a focus on understanding the reasons for delays in hospital (acute and mental health) assessment processes and opportunities for the system for further developing out of hospital services to improve patient flow. This will support the development of commissioning intentions and development of BCF for the coming year. Plans to develop 18 Local Care Partnerships which build on the existing 13 Integrated Neighbourhood Teams are now well advanced.

We would like to highlight the fact that tab 7 section C shows that no care packages have been funded through the additional iBCF/Spring Budget monies. This is because this non-recurrent money has been used to fund system change. Care packages, placements and sustainability of the market through above inflation fee increases have been funded through recurrent iBCF monies.The Adult Social Care budget in 2018/19 provided an additional £9.4m in respect of care packages and placements, which in addition to the amount required to fund inflationary and national living wage pressures on existing packages, equates to an ability to fund an additional 64 average Direct Payments or Home Care Packages, an additional 117 Nursing or Residential Placements and an additional 14 day centre places for a full year over and above those levels supported in 2017/18.

Integration success story highlight over the past quarter
We are currently working with care homes and the Third Sector to agree the appointment of Trusted Assessors for care homes. The aim is to appoint two staff working on the Lincolnshire model to assess patients as to suitability for care home placements. This will avoid the need for care homes to attend hospital to assess patients thus speeding up discharge. We are currently working in partnership across Primary, Community, Acute and social care services to support the improvement of our Integrated Discharge Service. The aim is to bring together a range of initiatives that have developed over recent years into a more cohesive offer. Areas included are current integrated discharge service, hospital social workers, SPUR (single point of urgent referrals) and frailty unit. The frailty service, funded through iBCF/Spring Budget monies, is a multi agency service which includes a Consultant Geriatrician, GP, Nurse Practitioner, Social worker, clinical skills supervisor, Healthcare assistant, Physio and Support, housing, 3rd sector and administration. It supports a strength based approach to the management of frail people presenting or conveyed to the emergency department of St James Hospital. Patients that are assessed through the frailty service have more potential to return home without the need for a hospital admission thus avoiding possible lengthy stays in hospital where evidence shows frail people become deconditioned and more dependent on social care, post discharge. This will therefore contribute to the reduction of people requiring long term packages of care. Q1 18/19 reporting shows that 80% of patients attending the ED during Nov17 - March 18 were not admitted to hospital.

Additional improved Better Care Fund - Part 1

Selected Health and Wellbeing Board:	Leeds
Additional improved Better Care Fund Allocation for 2018/19:	£ 9,430,235

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?			
	a) Meeting adult social care needs	**b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready**	**c) Ensuring that the local social care provider market is supported**
Please enter the amount you have designated for each purpose as **a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19.** If the expenditure covers more than one purpose, please categorise it according to the primary purpose. **Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.**	58%	35%	7%

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?										
	Initiative/ Project 1	**Initiative/ Project 2**	**Initiative/ Project 3**	**Initiative/ Project 4**	**Initiative/ Project 5**	**Initiative/ Project 6**	**Initiative/ Project 7**	**Initiative/ Project 8**	**Initiative/ Project 9**	**Initiative/ Project 10**
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Respiratory Virtual Ward (SB58)	Alcohol and drug social care provision after 2018/19 (SB23)	Hospital to Home (SB52)	Leeds Community Equipment Services (SB31)	Frailty Assessment Unit (SB50)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	SkILS Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners Scheme (SB49)
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation	Continuation
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns.	Respiratory Virtual Ward (SB58)	Alcohol and drug social care provision after 2018/19 (SB23)	Hospital to Home (SB52)	Leeds Community Equipment Services (SB31)	Frailty Assessment Unit (SB50)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)

B4) If this is a "New Initative / Project" for 2018/19, briefly describe the key objectives / expected outcomes.										
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under.	1. Capacity: Increasing capacity	2. Expenditure to improve efficiency in process or delivery	3. DTOC: Reducing delayed transfers of care	3. DTOC: Reducing delayed transfers of care	5. Managing Demand	11. Prevention	11. Prevention	13. Reablement	11. Prevention	5. Managing Demand
B6) If you have answered question B5 with "Other", please specify.										
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19. 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	3. From 1 year up to 2 years	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	2. Between 6 months and 1 year

B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	1. Planning stage	2. In progress: no results yet	2. In progress: no results yet	3. In progress: showing results	1. Planning stage

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:	Leeds
Additional improved Better Fund Allocation for 2018/19:	£ 9,430,235

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	**b) The number of hours of home care provided for the whole of 2018-19:**	**c) The number of care home placements for the whole of 2018-19:**
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.	-	-	-

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	**Metric 2**	**Metric 3**	**Metric 4**	**Metric 5**
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	Number of commissioned care homes weeks (65+)	% new client referrals for specialist SC resolved at point of contact or through universal services	Number of stranded and super stranded patients	Number of CHC patients that are assessesed in hospital (transfer to assess)	

Better Care Fund Template Q1 2018/19

Additional iBCF Q4 2017/18 Project Titles

Selected Health and Wellbeing Board: Leeds

Quarter 4 2017/18 Submitted Project Titles

Project information not submitted in 2017-18 reporting

Project Title 1	Project Title 2	Project Title 3	Project Title 4	Project Title 5	Project Title 6	Project Title 7	Project Title 8	Project Title 9	Project Title 10	Project Title 11	Project Title 12	Project Title 13	Project Title 14	Project Title 15
Leeds Community Equipment Services (SB31)	Alcohol and drug social care provision after 2018/19 (SB23)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	Frailty Assessment Unit (SB50)	Respiratory Virtual Ward (SB58)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)	Trusted Assessor (LGI) (SB64)	Trusted Assessor (SJH) (SB65)	Positive Behaviour Service (SB44)	Hospital to Home (SB52)	The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym (SB28)	Falls Pathway Enhancement (LCH) (SB61)

Project Title 16	Project Title 17	Project Title 18	Project Title 19	Project Title 20	Project Title 21	Project Title 22	Project Title 23	Project Title 24	Project Title 25	Project Title 26	Project Title 27	Project Title 28	Project Title 29	Project Title 30
Falls Prevention (SB14)	Transitional Beds (SB63)	Lunch Clubs (SB26)	Health Partnerships team (SB24)	Staffing resilience (SB54)	Dementia: Information & skills (online information & training) (SB13)	A&H - Change Capacity (SB35)	Time for Carers (SB15)	Peer Support Networks (SB25)	Rapid Response (SB66)	Supporting Wellbeing and Independence for Frailty (SWIFt) (SB7)	Business Development Manager for Assistive Technology post (SB41)	Customer Access (SB8)	Working Carers (SB17)	

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Leeds Health and Wellbeing Board

Report author: Rosemary Reynolds

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 05 September 2018

Subject: Leeds Health and Care Quarterly Financial Reporting

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1).

Key headlines are:

- At the end of quarter 1 (Apr to June) 2018/19, the system is reporting an overall deficit position against plan of £0.9m with a forecast year end deficit position of £4.3m.
- £3.4m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of non-achievement of the first two quarters of the Emergency Care Standard Performance.
- Children and Families is currently forecasting a year end overspend of £0.9m. The overspend is significantly lower at this stage than in recent years and reflects the increases made to the Children and Families' budget, particularly demand-led budgets, over the last two years.
- Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Healthcare (LCH) and Leeds Clinical Commissioning Group (CCG) are forecasting at plan however there are a number of challenges and risks to these positions.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the 2018/19 Quarter 1 (Apr to June) partner organisation financial positions and the forecast end of year positions for 2018/19.

1. Purpose of this report

1.1 This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the 2018/19 first quarter ending 30th June, 2018.

1.2 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response.

1.3 This paper supports the Board's role in having strategic oversight of both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Leeds Health and Care Partnership Executive Group.

2. Background information

2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG)

3. Main issues

3.1 At the end of quarter 1 (Apr to June) 2018/19, the system is reporting an overall deficit position against plan of £0.9m with a forecast year end deficit position of £4.3m.

3.2 £3.4m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of non-achievement of the first two quarters of the Emergency Care Standard (ECS) Performance.

3.3 The Trusts plan for the year is to achieve an underlying deficit of £24.8m. If this is achieved and the Trust achieves its ECS performance trajectory for the year, £32.4m PSF will be received meaning the Trust would meet its control total. However, the Trust is currently forecasting non-achievement of ECS for the first 2 quarters resulting in a shortfall in Provider Sustainability Funding (PSF) and therefore an overall forecast surplus of £4.2m against a control total of £7.6m surplus.

3.4 A fundamental review of the plans was undertaken in June which has been refreshed based on the forecasts following month 3 performance. The mid-case (or most likely) forecast continues to show that there is a material risk that the Trust will not achieve its financial plan. However, a set of mitigating actions have already been identified and are being put in place by the Executive, and if all of these actions are successful the delivery risk will be fully mitigated. On this basis the Trust continues to forecast it will deliver its financial plan with the exception of PSF for Emergency Care Standard for April to September.

3.5 Children and Families is currently forecasting a year end overspend of £0.9m. The overspend is significantly lower at this stage than in recent years and reflects the increases made to the Children and Families' budget, particularly demand-led budgets, over the last two years.

3.6 LYPFT, LCH and Leeds CCG are forecasting at plan however there are a number of challenges and risks to these positions.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.

4.1.2 Individual organisation engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016- 2021.

4.3 Resources and value for money

4.3.1 The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that people of Leeds are getting good value for the collective Leeds £.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal, no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance group and reporting to the Programme

Executive Group (PEG) and other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place

5. Conclusions

5.1 Whilst in 2017/18 all health and care partners in the city met the required financial targets some of this was due to non-recurrent benefits rather than sustainable changes to operational delivery. At the end of quarter 1 (Apr-June 2018) partner organisations are predicting that there will be significant challenges in delivering against the financial plan, with particular pressures at LTHT and LCC (Childrens and Families Social Care). Further the other partner organisations, although at this stage predicting achievement of financial plan, have significant risks and challenges to overcome to successfully achieve this position.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the Leeds health & care quarterly financial report.

7. Background documents

7.1 None

How does this help reduce health inequalities in Leeds?
An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need.

How does this help create a high quality health and care system?
Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability.

How does this help to have a financially sustainable health and care system?
It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities
Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Quarterly Finance Report to Leeds Health and Wellbeing Board

A. Quarter 1 (Apr-June) financial position for 2018/19

A1 - City Summary

At the end of quarter 1 (Apr to June) 2018/19, the system is reporting an overall deficit position against plan of £0.9m with forecast year end deficit position of £4.3m.

- £3.4m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of non-achievement of the first two quarters of the Emergency Care Standard Performance.

- Children and Families Social Care is currently forecasting a year end overspend of £0.9m. Whilst still early in the financial year there are a number of budget pressures that mean it will be challenging for the directorate to contain spend within the approved budget without additional saving proposals being identified, agreed and implemented. The overspend is significantly lower at this stage than in recent years and reflects the increases made to the Children and Families budget, particularly demand-led budgets, over the last two years.

- LYPFT, LCH and Leeds CCG are forecasting at plan however there are a number of challenges and risks to these positions.

Outturn for 3 months ended 30th June 2018	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Leeds City Council	158.1	158.1	-	35.6	35.3	0.3	122.6	123.0	-0.4	158.1	158.3	-0.2	0	-0.2	-0.2
Leeds Community Healthcare NHS Trust	36.3	36.7	0.4	25.7	25.9	-0.2	10.0	10.1	-0.1	35.7	36.0	-0.3	0.6	0.7	0.1
Leeds Teaching Hospitals NHS Trust	300.5	299.3	-1.2	177.3	179.6	-2.3	129.5	127.5	2.0	306.8	307.1	-0.3	-6.3	-7.8	-1.5
Leeds & York Partnership Foundation Trust	39.9	40.0	0.2	28.2	27.8	0.5	11.1	11.1	0.0	39.3	38.8	0.5	0.6	1.2	0.7
NHS Leeds CCG	310.5	310.5	-	3.6	3.6	-	306.9	306.9	-	310.5	310.5	-	-	-	-

Forecast Outturn for 12 months ending 31st March 2019	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var	Plan	Outturn	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Leeds City Council	632.5	632.3	-0.2	142.3	141.2	1.1	490.2	492.0	-1.8	632.5	633.2	-0.7	0	-0.9	-0.9
Leeds Community Healthcare NHS Trust	145.0	146.4	1.4	102.9	103.2	-0.3	39.6	40.7	-1.1	142.5	143.9	-1.4	2.5	2.5	-
Leeds Teaching Hospitals NHS Trust	1232.4	1240.1	7.7	709.3	721.2	-11.9	515.5	514.7	0.8	1224.8	1235.9	-11.1	7.6	4.2	-3.4
Leeds & York Partnership Foundation Trust	160.7	160.7	-	113.3	113.3	-	44.8	44.8	-	158.1	158.1	-	2.5	2.5	-
NHS Leeds CCG	1221.9	1221.9	-	15	15	-	1206.9	1206.9	-	1221.9	1221.9	-	-	-	-

Sign convention: (negative numbers) = adverse variances
Numbers may not sum due to roundings

A2 – Organisational commentary on year end position

a. Leeds City Council

The numbers quoted above relate solely to the Adults and Health directorate (Adult Social Care and Public Health) and Children and Families directorate (Children's Social Care).

Adults and Health are currently projecting a balanced position. At this stage it is anticipated that all Budget Action Plans will be delivered successfully. Other significant variations include £1.0m of anticipated cost pressures relating to Community Care Packages and £0.1m of reduced income primarily related to delays in setting up the Leeds Care Plan Team, offset by £1.1m of projected savings relating to staff turnover and slippage in employing new staff.

Children and Families is currently forecasting a year end overspend of £0.9m. Whilst still early in the financial year there are a number of budget pressures that mean it will be challenging for the directorate to contain spend within the approved budget without additional saving proposals being identified, agreed and implemented. The overspend is significantly lower at this stage than in recent years and reflects the increases made to the Children and Families budget, particularly demand-led budgets, over the last two years.

b. Leeds Community Healthcare Trust

At the end of quarter 1 the Trust is slightly underspent for the year to date; the cost of temporary staff is marginally less than the underspend on substantive staff; this position is not expected to continue. Cost Improvement Programme delivery has been good so far. The forecast outturn is to meet the agreed control total. The major financial risks include any pay-award underfunding (detail being assessed at the time of writing), ensuring that the loss of income from decommissioning is fully mitigated and continued delivery of the planned cost savings.

c. Leeds Teaching Hospitals Trust

Prior to the Provider Support Fund (PSF), the Trust ended Q1 £11.2m in deficit, which was in line with the updated plan submitted to NHS Improvement (NHSI) in June. The position meant the Trust was eligible to receive the financial element of PSF, but it was behind where it needed to be with regards to the Emergency Care Standard (ECS), the Trust has not reported that proportion of income; after PSF the Trust was £7.8m in deficit against a deficit plan of £6.3m. It has, however, submitted a mitigation appeal case to NHSI and if this is successful, the £1.5m ECS element will then be recognised. Overall the trust is £1.3m ahead of plan for income (excluding PSF, and driven by non-contract income), and £1.3m behind plan on expenditure – that is predominantly due to pass through costs being higher than planned (against a largely fixed Aligned Incentive Contract income value) and slippage on the delivery of some waste reduction schemes.

The Trusts plan for the year is to achieve an underlying deficit of £24.8m. If this is achieved and the Trust achieves its Emergency Care Standard performance trajectory for the year, £32.4m PSF will be received meaning the Trust would meet its control total. However, the Trust is currently forecasting non achievement of ECS for the first 2 quarters resulting in a shortfall in PSF and therefore an overall forecast surplus of £4.2m against a control total of £7.6m surplus.

A fundamental review of the plans was undertaken in June which has been refreshed based on the forecasts following month 3 performance. The mid-case (or most likely) forecast continues to show that there is a material risk that the Trust will not achieve its financial plan. However, a set of mitigating actions have already been identified and are being put in place by the Executive, and if all of these actions are successful the delivery risk will be fully mitigated. On this basis the Trust continues to forecast it will deliver its financial plan with the exception of PSF for Emergency Care Standard for April to September.

d. Leeds and York Partnership Trust

The position at month 3 is stable. It is only ahead of plan due to achievement of a proportion of the sale proceeds earlier than modelled. The current key pressures are linked to escalating Out of Area Placements (OAP) expenditure, specifically locked rehabilitation and male acute which is now consistently above the trajectory agreed with commissioners, and further work is being undertaken to clarify the impact of the agenda for change pay award. At this early stage LYPFT are anticipating hitting the control total.

e. NHS Leeds CCG

The CCG is currently forecasting a breakeven position and is on target to achieve financial targets, but a key risk is that Quality Innovation and Prevention (QIPP) targets, totalling £34.3m, are not met. Resources are being directed into the Commissioning for Value programme to ensure that there is a robust process in place to review all commissioning expenditure and monitor QIPP plans. For 2018-19 a risk reserve is held to mitigate this however the CCG's financial position moving forward is untenable without the realisation of this QIPP requirement.

Running costs budgets have been set at £14.6m, against an allocation for running costs of £17.4m. A condition of the merger of the 3 Leeds CCGs was a 20% (£3.5m) reduction in running cost expenditure to support system transformation. The CCG is on a trajectory towards this over the next two years. This is at the same time as agenda for change pay rises have been agreed nationally, and the risk that these will not be funded for CCGs. The CCG is on target to meet the part year savings in 2018-19, but cost improvement programmes will be required from 2019-20 onwards.

Google Maps Swarthmore Education Centre, 2-7 Woodhouse Square, LS3 1AD

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